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HOMELESS WOMEN AND CHILDREN IN SAN FRANCISCO

A Report by the San Francisco Board of Supervisors
Homeless Women and Children Task Force

February, 1989

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EXECUTIVE SUMMARY

- * Homeless women do not receive the attention or services they need in large part because care providers, public officials, and the public at large lack a clear understanding of how women become homeless, what the experience is like, and what happens to women trying to overcome a personal crisis when they find themselves labeled a public nuisance.
- * An understanding of the root causes of homelessness -- lack of affordable housing, adequately paying jobs, and needed support services -- is essential to policy and program planning. Homeless women themselves must be involved in the process.
- * The individual's right to self-determination and her ability to set her own priorities must be recognized by the planning process.

Housing

- * Between 1975 and 1985, San Francisco lost more than 5000 subsidized housing units. The Bay Area Council estimates that we will need 11,235 new subsidized units by 1995.
- * Between 1980 and 1986, non-profit Housing Development Corporations (HDC's) produced 56% of the new affordable housing units in San Francisco.
- * Since 1981, the budget of the Federal Department of Housing and Urban Development for the construction of new housing has been cut by 72.6%.
- * Non-profit housing organizations are the most cost effective instrument for public expenditures in housing programs.
- * Incorporate the special needs of women and homeless women with children (e.g., child care, safety, health care, job training) into any proposal for transitional or permanent low-income housing for these populations.
- * The renovation of 400 unoccupied units of Housing Authority property should be a top priority for the expenditure of city resources. Creative financing should be explored to achieve this goal including sweat equity, donated labor, and private resources.
- * An estimated 18,820 units of affordable housing are at risk of being lost over the next 13 years in the Bay Area, as public housing units/complexes constructed with HUD mortgages become eligible for conversion to market-rate housing.
- * San Francisco should lobby at the local, state, and federal levels for a comprehensive housing policy which guarantees all people a right to housing.

Emergency Shelter

- * Most of the estimated 3,300 women, children and youth in need of shelter are not served by the 490 emergency spaces designated for them.
- * Homeless women will not use hot-line hotel rooms because, in their words, they are "abominable, filthy, lacking in basic items such as running water and locks, and full of violence and drugs."
- * In 1987 San Francisco spent \$5.5 million on on 3-5 night stay for homeless people in the hot-line hotels.
- * Small-scale emergency shelter facilities with a home-like atmosphere, support services and 24-hour access for women alone and women with children are needed.
- * Cooking facilities and a safe childrens' play area must be provided in the family hotels.

Employment

- * Because most job programs are designed for men as presumed head of household, women's work needs are often neglected.
- * San Francisco has seen a succession of well-intentioned jobs programs addressing homeless people; missing from their structure, more often than not, have been child care, skill development, and broad-based support from employers and service providers.
- * In order to earn an income sufficient to supplant AFDC benefits, a woman with two children must earn a minimum of \$8.50 per hour. This wage would provide for some childcare and medical coverage for her family.
- * Design programs which accommodate the special needs of women, such as child care and skill training necessary to command higher-paying jobs and include homeless women in the planning of these programs.
- * Involve a citywide cooperative coalition in all phases of design, implementation, and funding of a centralized employment service for homeless adults, including women. Such a coalition should include representatives from government, private enterprise, social service agencies and foundations.
- * Coordinate existing services and build on these to provide specialized employment programs for the homeless
- * Make free public childcare available for homeless women looking for work. Hours of childcare must be flexible and the service conveniently located.

Childcare and Education

- * Surveys of homeless families and interviews with homeless women consistently document the need for child care and attention to education for homeless children. Homeless mothers see the needs of their children as a top priority.
- * The few child care programs which are subsidized in San Francisco are financially beyond the reach of the very poor and the homeless.
- * One family hotel shelter, the Apollo Hotel, provides social services for families, however, specific programs for children, are needed.
- * A survey of families conducted by Traveler's Aid International found that nearly half (43%) the school-age children were not attending school. Homeless children have a high absenteeism rate due to family relocation, lack of transportation, inadequate food and sleep, and related personal problems.
- * Until recently, the San Francisco School District did not enroll children in school unless they had a permanent address. This policy kept homeless children out of the public schools.
- * A drop in child care center for homeless families is needed so that parents may search for employment, and parents and children will each have respite.
- * Areas for recreation should be provided in all hotels for families and family shelters and cooperative child care arrangements should be encouraged among families in these temporary shelters.
- * Develop a liaison team from the school district to work with homeless families.

Health Care

- * The health problems of homeless people are inextricably linked to homelessness.

There is a serious lack of preventive health care. Few private OB/GYN physicians will accept Medi-Cal or indigent patients; this means that homeless women must rely on public health for services routine care related to reproduction.
- * Homeless women with substance abuse problems face significant gaps in services. There are few detoxification beds for women in San Francisco, and only one residential recovery program for women with children.
- * The majority of homeless youth come from non-existent, woefully unstable or unsafe homes. Many of these youth have been subjected to physical, sexual, or emotional abuse by parents, relatives or foster families.

- * Medical respite for homeless women and children needs to be expanded.
- * Health screening for children and youth and gynecological screening for women needs to be expanded.
- * Expand substance abuse services for women and their families.
- * Coordinate child and youth services to provide the best possible alternatives for each individual child or teenager is imperative.
- * Implement the Attorney General's opinion authorizing local jurisdictions to take responsibility for homeless youth regardless of county of origin.
- * Create small residential programs for long-term stabilization of chronically homeless youth.

Support Services

- * A limited number of support services poses a serious problem: housing alone often will not be sufficient to allow homeless women and families to improve.
- * Almost half of the adults using crisis clinics are homeless or have unstable housing situations. Some individuals are held in acute care because halfway house beds are not available.
- * All substance abuse services in the city--both public and private--meet less than half of the need for addiction and alcoholism services.
- * Homeless women often find support services and social services patronizing and oppressive: new approaches to helping must be developed so that services are actually used by those who need them most.
- * Transitional housing and shelter should have basic needs and support services available to women.
- * Develop residential settings for those with severe special problems: substance abuse, mental disability.
- * Integrate or closely coordinate all social services and clinical services to homeless women and their families.

INTRODUCTION

"Homeless women and children are relatively rare. Their appearance denotes widespread disorder and instability, such as follows famines and civil wars." (Caplow, Bar, Sternberg, 1968)

Homelessness is not a new phenomenon. It is, however, a social problem that, over the past decade, has dramatically increased in magnitude and changed in form. Traditionally, the homeless were men: the transient, the vagabond, the hobo, the tramp. Now, however, we are seeing more and more women, youth and children living on the streets. In San Francisco, it is estimated that 20 to 25 percent of the homeless are families. Homeless families are the fastest growing segment of the homeless population. Between 1985 and 1987, their number doubled in San Francisco (U.S. Conference of Mayors, 1987).

It is impossible to determine an exact count of homeless people. Estimates derived from service providers do not always account for multiple service use by one individual, or for the large numbers of people without homes who do not use any services. The Mayor's Office estimated in 1987, that there were 6,000 homeless people in San Francisco. When we consider the many "invisible" homeless in San Francisco, staying in vacant buildings, hidden in parks, alleys and parked vehicles, living in garages and doubled up or even tripled up in rooms and apartments, mostly out of view of the public and out of reach of service providers, the numbers increase considerably. Accurate counts are extremely difficult, but there is some reason to believe the numbers may double. A 1980 study estimated 3,000 homeless women 50 years old and over in San Francisco (Witty, 1980, unpublished).

Why are we seeing an increasing number of women and children on our city's street? Women interviewed for this report offered many explanations for their homelessness which include: flight from abuse, unemployment, illness leading to loss of employment, depletion of savings, eviction, loss of a spouse and subsequent loss of income, inadequacy of income (public assistance or earnings) in relation to costs of housing and other basic needs, and the lack of social supports such as family, friends, or community. These are the same reasons women with and without children are becoming homeless in other parts of the nation.

The broader structural causes of homelessness -- the lack of affordable housing and adequately paying jobs -- are the root cause of all homelessness. Federal funding for low-income housing has been severely slashed since 1981, and was declining before then. In San Francisco, at least 5,000 low-income housing units were lost between 1975 and 1985. In addition to the decline in affordable housing for the lowest income groups, employment opportunities for the same group have diminished. While new jobs have been created since the 1982 recession, nearly half are service sector jobs paying minimum wage or less. Part-time work, including involuntary part-time jobs, has increased in California from 12% of all jobs to 22% in 1985.

Working women with children are especially vulnerable to these trends, since they constitute 2/3 of part-time and temporary workers. An absence of affordable housing coupled with the deindustrialization of the American economy lie at the root of homelessness.

Methodology

This report discusses the major problem areas for homeless women and children and will present new information collected by the Task Force via individual and group interviews with homeless women from November 1987 through April 1988. While there is now a wealth of information about homelessness nationally and several recent San Francisco reports on homelessness, this report is the first effort to comprehensively present the special needs of homeless women and children in San Francisco.

Members of the task force were appointed by the San Francisco Board of Supervisors. Task force members, appointed alternates, and other interested members of the community met as a full group or as subcommittees for a year to develop this report.

During the first meetings strong support emerged for conducting various kinds of hearings and interviews with homeless women so that their voices as well as the impressions of Task Force members would shape the report and its recommendations. Each Task Force member interviewed homeless women and youth on the streets and in shelters throughout the city. A set of questions was developed by Task Force members to use for these interviews, and a total of 16 individual interviews were completed in this way. Several group interviews were then conducted by Task Force members at selected shelters. In total, 63 homeless women were involved in the development of this report.

Additionally, two formerly homeless San Francisco women participated in the ongoing work of the Task Force: one, an official appointee and the other, an interested member of the community. The Task Force enjoyed the benefit of their participation in all phases of its work. Their perspectives more fully informed us on the essential issues of homelessness for women as they persistently and thoughtfully brought their interpretations and their experience to our attention.

The Task Force conducted a second survey of all the agencies which provide services to homeless women, and children in San Francisco to gather their input into the scope of the problem and the adequacy of services. This information has been incorporated throughout the report, and is summarized in the appendix.

The first chapter is devoted to the direct words and experiences of homeless women. We have elected to include the text of our interviews in their entirety to give voice to the specific concerns of homeless women which are too seldom heard. The remaining chapters include: Housing, Emergency Shelter, Health Care, Employment, Child Care and Education, Youth, and Support Services. An appendix includes more detailed information about our data collection strategy.

HOMELESS WOMEN SPEAK OUT

Interviews with Homeless Women and Youth

Homeless women are ignored because care providers, public officials, and the public at large have no clear understanding of how women become homeless, what the experience is like, and what happens to women trying to overcome a personal crisis when they find themselves labeled a public nuisance.

Many unpredictable situations can lead an otherwise competent and accomplished woman to the point of homelessness. The trauma she experiences after becoming homeless is not well understood or documented. Homeless women are overwhelmed by fear and concern for their safety. Over a long period of time, the lack of safety, intolerable living conditions, mistreatment, and insensitivity create a loss of hope, morale, and incentive. Often the homeless woman seeking help is subjected to deception and delay. She feels trapped and fears there is absolutely no way out of her situation.

Desperation and despair can eventually make a homeless woman totally "give up". Frequently, this may lead to destructive and socially undesirable lifestyle choices. A homeless woman is vulnerable to the use of drugs or alcohol and, too often, to the abuses of men. Despite their vulnerability and exposure to dangers, however, many women create their own service and support systems to substitute for inadequate banking, eating, and shelter arrangements. If a homeless woman manages to become "self-sufficient" in this way, she may decide to stay on the street rather than seek public services. This choice frees her from manipulation and insensitive social control, and creates a certain sense of freedom and control over her own life. However, the longer a person stays and survives on the streets, the harder it becomes to bring her into a service setting.

Between November, 1987 and April, 1988, members of the Task Force on Homeless Women and Children conducted interviews with homeless women in the streets, shelters and family hotels. Through these interviews we solicited input from homeless women and youth in understanding the problem of homelessness, assessing the adequacy of the resources available to meet their needs, the barriers they face in meeting their needs, and their recommendations for change. The interviews and discussions focused on the areas of concern in this report, specifically housing, emergency shelter, employment, health care, youth, and support services. In all, 63 women were interviewed by members of the Task Force

No quantitative analysis of the interviews with homeless women was attempted. Instead the Task Force chose to present the text and summaries of these interviews in their entirety. The interviews are important for the insights they offer into the experience of homeless women. While the statistics on homelessness are compelling, they cannot alone adequately convey the severity of the problem. A sampling of individual stories may better communicate the depth of suffering sustained by homeless women. All names have been changed in the interviews which follow and identifying details have been omitted or changed

JENNA

Jenna is a Black woman in her late 20s or early 30s, originally from Oakland. She has a long history of victimization. Her mother, an alcoholic, was physically and emotionally abusive, and her grandmother and foster parents also abused her. She was married at a young age to a man who was an addict and who also became physically abusive. Although Jenna no longer lives with her husband, their three year old son is still in his care. Because she fears her husband, Jenna has not seen her son in months. Jenna feels her family has rejected her because her past drug abuse problems. Since becoming homeless, she has been raped and feels too fragile to carry on a normal life without feeling scared.

"It's rough out here in the streets. I feel like I'm in a rut. I've been victimized a lot. I feel very vulnerable, especially since I have to be out on the streets early (because of shelter rules) or in line for hot-line hotels. Those programs keep you in a rut and help you live like that for years. The hotels are filthy and unsafe...a waste of money that could be spent better in other ways. I don't use the hot-line anymore 'cuz I feel so unsafe. People don't understand how much the environment and surroundings affect your moods. It's hard to feel good about yourself and stay motivated. I think all programs would be better off if they allow for more resident/client control and input. That way people feel like they own a part of the program and would want to help keep it up. There are too few self-help programs...like Oakland Independence Support Center.

"I'm frightened of people. It's hard for me to be around others, especially around men. I swear people pick and prey on others 'cuz they're not getting any help themselves. It's like social services are co-alcoholics who help keep people homeless. Women are too easily victimized and targeted on the streets. One time I didn't bathe for a week so I wouldn't attract attention. We're just too vulnerable to violence: walk around the Tenderloin or hang out in the shelters or centers, all you see are bruised and battered bodies ... all women. And, no one snitches 'cuz you don't want to get hurt even worse.

"I've pretty much settled in the shelter, which takes care of most of what I need. Sometimes I think it's almost too safe in here and won't want to leave one day 'cuz I'll be too scared of what's out there. I need to regain my self-respect, I want to become independent, probably through some kind of rehabilitation (education or job training) so I can make it on my own. I'm tired of being pacified, even though I know it will take me a while to feel safe and better about myself. I need to feel like I have some say about what my life is like now.

"There's a real lack of sensitivity to the amount of mental illness and plain fatigue at having to deal with so much bureaucracy. Agencies need more professional staff who can work with these kind of people. So much of what homeless people can do for themselves depends on the worker.

"People who see me on the street walk on by like I'm diseased. They can't catch homelessness from me, but they still shy away. Or they treat me as though I were a criminal and they want to murder me for not being able to take care of myself. Mostly, I feel very vulnerable, like a stray animal who's been abandoned. I don't want to be here. I'm really down on the Tenderloin and am trying to find the courage to fight this rut. I'm looking for a turning point...maybe that counselor will help me find it. I need more control of my life so I can deal with my personal problems."

JANE

Jane is a 21 year old, Caucasian woman who was interviewed at Sixth and Howard Street. She lived in Los Angeles before coming to San Francisco. Jane needed to leave her husband immediately, and came to San Francisco, hoping he would not be able to locate her. She has a license in Cosmetology and wants to make a brand new beginning in her life.

Jane's first night in San Francisco, she was standing in line to be accommodated in St. Anthony's Shelter when a couple approached her and warned that conditions were very unsafe in the shelter. After a lengthy conversation, the couple said they would allow her to stay with them in their apartment for the next two nights. When the couple asked their landlord for permission to accommodate Jane for a period of a month until she could secure employment, he refused and insisted that she could stay only two nights per week on a "guest" basis. When asked how she managed to rest during the remainder of the week, Jane replied "Please don't make me answer that question...I'm so ashamed."

Jane derives almost all her nourishment from St. Anthony's Dining Room. She brings food out in plastic containers so that she is able to stretch the one meal into much more. The couple with whom she stays supplies most of her clothing. They gave her money to buy herself a coat at the Goodwill Store.

"I don't know how I can take walking down Sixth Street among all these derelicts and winos. I have been on the street for three months. So far I have managed not to become known as a 'street person'. If I remain homeless, I fear within three more months I will bear this stigma of 'street person' and I will have very little hope of becoming employed in this town. I fear I will give up and just throw in the towel."

GLENDA

Eighteen-year-old Glenda said she had been on the streets off and on since she was ten years old, earlier as a runaway, now as a homeless woman. She recently married a youth who is also homeless. She gravitates to big cities and has no home. "Small towns and the countryside are harder to get by in and are boring. It's also harder to get GA (General Assistance) there." Her fears and concerns focus on people. She was abused at home as a child and now is very fearful of the cops.

She met her survival needs through assistance programs in the past, but mostly panhandles now. She and her husband earn \$50 a day between them. She generally sleeps in doorways in the Haight, and does not like food kitchens because they serve so little meat. Glenda says she hates the system.

"GA is always trying to belittle and manipulate. I hate the idea that they will take any inheritance. They put you in a rough area of town, usually in a shelter crawling with bugs. They don't treat homeless people with any respect and try to lead us around by the nose. Then they run us around from one agency to another.

"Cops don't help the homeless. They stop me for panhandling even though it's not a mean or dangerous thing. I don't drink, just a little grass. Out here when you go downtown, you have to buy something so you can use a pay toilet. The park is easier. The homeless get blamed for all the debris, but it's not just the homeless.

"In the future I might go to my mother's in Denver or to friends in North Dakota. It would be nice to be able to live with someone. It's hard though, 'cuz I'll have to lie just to get enough money to leave."

SARAH

Sarah, a 22 year old Caucasian woman, was interviewed on 6th Street near Howard. Sarah is originally from Wisconsin and has been in San Francisco for six months. She arrived here with what she describes as "a small amount of money." She sought employment in her line of work (landscaping) and was only able to find temporary work. Finally, she found herself without money and was unable to meet her next month's rent. When she sought aid from the Department of Social Services she was informed that they could not help her maintain her apartment, but that they could write a rent voucher for a hotel room. They told her the hotel would be located somewhere in the Tenderloin. She said, "I just refused to go to the Tenderloin. I know it is very, very dangerous."

Sarah stayed for a time at St. Anthony's Shelter but found it to be "very rough and not at all clean." Then she stayed at the United Homeless Coalition Shelter which was "not as bad as St. Anthony's...not all the turmoil and trouble." Three weeks ago, she found a job. She says she is working in a restaurant, but seems embarrassed and reluctant to give out the specific location. She will only say that it is on Mission Street and that she works the graveyard shift.

The restaurant provides her main meal and she goes almost daily to St. Anthony's to supplement her diet. She owns few clothes (mostly jeans), which she gets from St. Anthony's and the San Francisco Gospel Mission. She uses St. Anthony's to shower and wash her clothes and describes it as "very bad...I feel like a pig when I'm there." When she receives one more paycheck she will try to find a room with bathing facilities.

When asked how she saw her future at this point Sarah replied, "I hope to keep this job until I find a permanent job as a landscaper, which I love to do. My fear is that I will be laid off and that I will have to keep living like trash."

NORMA

Norma is a 35 year old woman, the mother of an 8 year old boy. She is staying at a shelter for women, and even though they do not generally take children, they have permitted her to have her son with her temporarily until she can get an apartment. Norma gets about \$400 in AFDC (welfare) benefits each month for her and her son. She has not been able to find a place to rent with this amount of money.

Norma finished college and would like to go on to graduate school in the future. She thinks of a career in law or social work; her own parents were teachers. She used to live in the suburbs, but had to move in with friends when she became sick and unable to work. Eventually she ran out of money and had to apply for public assistance. Norma would rather be working -- she is not happy on welfare.

Much of Norma's time is spent taking care of the needs of her son. She makes sure he goes to school each day, even though they stay in a shelter. She had to go to a Congressman's Office to get the school district to place her son in the appropriate school program. She places her son's needs as her first priority.

Norma would like to find a job and go back to school, but she feels at a disadvantage because she has no family or friends anywhere who can help her. What she wants most is a good family relationship with faith and trust and a solid financial base for her son's schooling and for her future. She believes she will be better able to function now because she has found "a person who is a supportive friend." She and her friend are looking for an apartment together. She is feeling quite hopeful for herself.

JASON

Jason is nine years old. He and his mother, two sisters, and brother left their home because of his father's drinking and frequent violence towards family members. Although his mother was the target for most of the violence, Jason received a good deal of it, too. As he points to a three-inch scar on his calf, Jason explains that one day his father had been drinking and he forced Jason to re-wash dishes that had just been cleaned. Angry that his son was taking too long, his father threw a glass at him, leaving a deep gash in his leg.

Jason and his family are now homeless. Jason talks about missing his toys and his room. He also misses the neighborhood, his friends at school, his dog, and his father. He worries about where he and his family will live, and where they'll get the money to afford an apartment. Jason blames himself for what his family is going through, feeling that if only he was smarter and behaved better, his dad's drinking and violent behavior would stop.

Jason is a very nervous child who seems always on guard. He has difficulty concentrating on his school work and often daydreams. He has difficulty getting along with peers and often plays with children much younger than himself. When angry, Jason imitates the violent behavior he has seen by hitting his mother, siblings, and peers. Other times he terrorizes his younger brother and sisters, repeating the threats he's heard so often from his father. Jason pushes away those who try to get close to him. "Inside," says Jason, "there's a pain so deep that it will never stop."

CAROL

Carol is Jason's mother. She feels a lot of shame and guilt about leaving her home.

"My husband's drinking and physical abuse has gotten really bad these last few months. I feel badly about taking my children away from their father, but seeing him like this can't be good for them either. My fear is that I won't have enough money to pay for an apartment and will have to live with my children in a Tenderloin hotel. I don't want my children to be around all the drunks and junkies in those places. I'm afraid that if I don't have other alternatives, I might return to my husband.

"We came to Rosalie House and have a place to stay for the next six weeks...after that, I don't know. The place is okay, we have good food and it's clean. I feel pretty safe here and wish we could stay longer. I need help with first and last months' rent so I can get an apartment. Once I have a place for us to stay, everything else will be O.K.

"The AFDC people have really been awful. My worker is always messing with my check. When he screws up he acts like it's nothing, but when I'm late with my papers or for an appointment, he stops my money. Also, my Food Stamps worker cut me off saying I wasn't eligible now that I'm at a shelter. The staff had to call and tell her what the law says. These people treat you like they're doing you a big favor...as if the money were coming out of their pockets. The shelter staff treated me and my family well. They don't make me feel like dirt the way the others do. The health center staff were also good when I brought my daughter in for an examination; they took their time and answered all my questions.

"A lot of people, especially my family, didn't understand that I left my husband because of the beatings. They acted as if it were my fault and said that if I were a better wife, he would stop hitting me. I used to believe what they said, thinking it was my fault...that's what took so long for me to leave in the first place.

"I want my children to have a place they can call home. I never want them to have to live like this again...not knowing day to day what will happen. This is my goal right now -- and the thing I worry about the most -- that I won't be able to find a place to live."

DOLORES

Dolores is a young woman in her 20's. She is just starting to work this afternoon. Although she worked in the recent past as a nursing assistant, she's not certified. Dolores lived in a boarding house during the past year, but said that she was forced to leave because she could no longer take the unfair treatment she received from the landlady. Now, she is homeless. She has been homeless off and on for about three years.

Dolores is discouraged, but she harbors the hope that this opportunity for employment will lead to better days. At the present time she is not receiving any benefits. She is fed up with the welfare system and refuses to seek any aid. Currently, she sleeps at the United Homeless Coalition Shelter. She eats at St. Anthony's and also panhandles when she is hungry. Many times she is without enough spare change for bus fare to get to and from work.

At the United Homeless Coalition Shelter, she met another woman about her own age who is looking for a housekeeping job. When the woman gets a job, Dolores plans to look for an apartment with her, a place that they can share. Dolores' goal for the future is a medical career, either in nursing or as a medical assistant. When asked what her main concern is now she replied, "I won't be able to get enough money together."

GRACIELA

Graciela is in her 30's. At the time of this interview she was about seven or eight months pregnant. She was interviewed on the street in evening darkness. She was alone and begging for money. Graciela was dressed in a very threadbare cotton dress with no jacket on this chilly winter evening.

Graciela was living in an automobile nearby, she said. Graciela had not had any prenatal care. When asked if she needed medical care, she acknowledged that she did, but said that she was afraid to go to a hospital or to a clinic because they might take her baby away from her. Graciela was begging for money to eat.

MARGARET

A 55 year old woman came to the Salesians' Food Program for a sandwich. She was well dressed in clothing that was old, but neat and clean. She wore jewelry and carried two neat bags. She was staying in North Beach Hot-line hotel room. She would not leave any of her belongings in the room for fear they would be stolen, so she carried them with her in the cloth bags. Margaret complained about the wait in line to get the hotel room and declared that "women my age are not being taken care, our needs are not being met."

Margaret has attempted to get housing assistance from the San Francisco Housing Authority, and feels frustrated by the lack of results. She had a Section 8 Certificate at one time, but couldn't

find a place to rent that was suitable. Prior to becoming homeless, Margaret lived with her ailing mother, for whom she had been caring. After her mother's death, she rented a room from a friend, but this arrangement did not last long. She then turned to the shelters. She obtained medical and psychiatric help at the shelters, but would not go back there because of the risk of infectious disease (scabies) and because of the vulnerability of her personal possessions in the shelters. She appreciates being able to shower in one shelter, "They used the money wisely." However, she feels vulnerable having to stand in lines to get into the shelters all the time. She hates being ridiculed by others on the street as she waited in line.

Margaret is not happy on the streets, in the Hot-line Hotels, or in shelters. She would like to have a studio where she can live and work. She writes poetry and fiction. She feels in a rut, unable to get out. There are two other people with whom she has been talking about sharing a place. All three are disabled and receive Supplemental Security Income benefits. They have registered with a rental finding agency by paying a \$20 fee, but they have not been referred to any rental property yet. Margaret worries that collectively they will not have the deposit to move in.

When very frustrated, Margaret thinks of leaving the U.S. Her major concern is for her personal possessions, having no place to secure them. "My life's work, my art...I carry it with me."

Margaret also resents not being able to have visitors in the hotel room, not being able to get messages and generally feeling "incommunicado." She says she doesn't want to live this way.

Margaret described her day as waiting in line.

"This morning I waited from 11:30 A.M. to 3:10 P.M. just for the hotel room. I eat at St. Anthony's and Martin de Porres, but in the evenings I have no place to eat; on Sundays and Mondays, she I no place to eat at all. I have no alarm clock to wake up early...I leave my clothing at a friend's place.

Margaret says she has Medi-Cal and her own private physician, but that she cannot keep appointments because she can't get messages anywhere. She needs eyeglasses and dental care, and to see a gynecologist, but can't do these things because the logistics of keeping appointment and staying in lines for shelter and food present serious problems for her.

Margaret interprets her basic needs as an affordable place to live with enough space to do her work. She believes that there are no social services for helping women like herself. She wants better treatment of people in her circumstances. She feels uneasy in the hotel room and uneasy going to and from the hotel because she is alone; she also regrets that "no social life is possible" under these circumstances.

In her own family there is "appalling discrimination" against poor members of the family, and Margaret thinks there is the same discrimination against the poor by society. She used to listen to

KKCY (98.5 FM) and claims that the homeless thought of that station as the "poor people's station." She believes the station was bought out and the programming changed. They don't listen to it anymore. Margaret feels empathy for other homeless people. A few, she says, are making a "career" out of the hotel rooms, making life impossible for the many homeless who need shelter.

"We're not a bunch of cattle, we're not charity cases, either. It's humiliating. I don't see much of a future...maybe a stone tablet, a bill of rights translated into different languages. I am not hopeful for myself."

KATHY

Kathy is 26. She was born, raised, and educated in Chicago. After graduating from college four years ago, she visited San Francisco and decided to make her home here. She became employed here within a couple of weeks as a secretary with a leading company. She remained employed by the firm until she was stricken with an illness which incapacitated her for almost one year. She was able to sustain herself until four months ago. By that time her funds were almost depleted and she was forced to obtain public assistance. She consulted the Department of Social Services and was placed at the Fairfax Hotel in the Tenderloin.

Kathy describes the conditions of the hotel as being "totally inadequate." She said it did not provide any facilities which were acceptable for bathing. When asked if she were able to get any rest, she said the linens on the bed were so filthy that she couldn't bear to even look at them. She managed to get a minimum amount of sleep by sitting up all night on a chair in the room which she covered with some of her clothing. After a few nights of staying in the hotel, she was assaulted as she entered her room. She was badly beaten on the head and in the face, and had two teeth knocked out. The attacker grabbed her purse and grocery bag and fled.

When she was able to pull herself up off the ground and compose herself, she left the hotel. A few blocks from the hotel, suffering great trauma, she met two police officers and reported the incident. They asked her if she wanted to go to the hospital. She said she thought she would be all right if she went to a shelter for the remainder of the night. They suggested she go to the Episcopal Sanctuary. Kathy went to the shelter after walking around trying to regain her composure, but found it was too late to be accommodated. She then walked to St. Anthony's and found they could not accommodate her that night either. The next night she went to the Episcopal Sanctuary. She stayed there for one week. However, she could not tolerate the conduct of the other women. She tried St. Anthony's again, but decided she could only stay there for three nights because she found the facility unclean. She felt completely deprived of privacy.

A few days later she was walking around the Embarcadero Center trying to figure out how she was going to keep existing under these circumstances. She was approached by a businesswoman who asked if she were in distress. After telling her situation and her experiences to this woman, the woman offered the use of her car, which she parks every day near one of the piers. In desperation, Kathy told the businesswoman she would be grateful for a few hours rest in the car each day.

For four months, Kathy has managed to get four or five hours of sleep every day by using this car. All night she walks up and down Van Ness Avenue and sits on the ledges of the buildings; when she has some cash she goes into Winchell's for some coffee.

Kathy gets most of her nourishment at St. Anthony's. The woman who owns the car also gives her food, cash, and clothing. She showers at St. Anthony's three times a week. Her major need is a housing situation which would provide safe, sanitary conditions with sufficient stability to become employed again. She believes that if she has adequate housing, it would be possible for her to re-enter the job market within a month. She believes there is even the possibility that her former employer, with whom she had a three-year good track record, would hire her again. But, at this moment, Kathy is hopeless about her future. She calls herself a "parasite on the earth".

JENNY AND RAE

Jenny and Rae are teenaged girls who have run away from their homes in the Northwest. When they arrived in San Francisco two months ago, they planned to live with Jenny's brother. Jenny was sexually abused at home and this was a central reason for her running away. Jenny and Rae sold most of their possessions on the street in order to pay for gas to travel. Upon arriving in San Francisco, they discovered that the brother did not want them to stay with him. They left his place and lived out of a car.

Jenny and Rae found life on the streets very difficult. Their main form of support was panhandling. In order to get by they pooled resources with other youths they met on the streets -- sharing drugs, hotel rooms, and squats. Both girls became involved in smoking hubbas (crack cocaine) and pulled "dates" (prostitution) to help pay for their drugs. "It's like a hole you fall into. You hang out, do some hubba, pull a date, do more hubbas."

While neither Jenny nor Rae enjoy the lifestyle, they both say that "there's so much freedom. And you don't want to be told what to do." Rae says, "Why work? I can sell drugs. I can prostitute." But, under these statements is frustration and despair.

While on the street, Jenny and Rae say, "Adults look down on you. They shoot you glances that seem to say, 'What kind of kids are you? What kind of parent did you have who would let you stay on the street?'" As much as the two girls want to be grown-up and on their own, they are dependent upon others -- for drugs, for shelter, and for services. "We left home to be independent, but we're totally dependent on others."

Jenny and Rae think that the private and public agencies place too much pressure on them to leave the streets. They want more time to resolve the issues which brought them to the street and challenge their getting off. They complained that services for youth were conditional, meaning that in order to get a food voucher a youth has to keep a counseling appointment or be actively looking for legal employment. They say services are too "short-term", geared toward getting kids back home immediately, even if the youth would run away again as soon as he or she got there. Both girls want Larkin Street

Youth Center to have longer hours and showers so they wouldn't have to shower at Aquatic Park. They think many of the agencies, both public and private, do not work well together. "They jerk kids around." By this they mean that communication is poor, the referral process is confusing, and services are inadequate to meet the needs of the homeless kids.

LORENA

Lorena is a Black single parent. She had been living in the City Center Hotel for two months. Lorena is 29 years old, and her four sons are 11, 9, 6, and 5.

Lorena described her frustration of the past two months.

"Nothing makes any sense and everybody wants to keep quiet. Still, you know, I want to get something done. I'm getting a lot of run-around and red tape, people saying they'll do things -- but I see nothing happening. I have been to the Mayor's Office, Lovell Davis' Office (Director of Special Projects, Central Relocations Unit), the Housing Authority...and everybody says, 'Well, you'll just have to wait.' But tryin' to wait in the midst of this will drive you insane. I'm tryin' to hold on and not give up. A lot of women have given up."

Only a year ago, Lorena could never have imagined herself and her children struggling to survive in the middle of the Tenderloin. "A year ago," Lorena says, "we had it all." Before becoming homeless, Lorena was a middle-class worker, wife, and mother, living in a Bay Area suburb. She had a good job with the U.S. Postal Service, four healthy sons, a nice home, a new car...and an abusive spouse. Like other women who become homeless, Lorena chose to leave this "stable" life to escape the physical and emotional abuse of her husband. She didn't expect to end up homeless. She says the experience has been both eye-opening and horrifying.

"When we moved here (the Tenderloin), my boys cried so... They wouldn't get out of the car. I hurt, but I had no choice. I went into the lobby, that looked fine. They gave me the key and I went up to the third floor. As I went up, I was offered crack. I saw people smokin', 'Oh, you're movin' in? I'll be back. You want to smoke some weed? Want to get high?' It was offered to me free, so it scared me.

"When I opened the door to the room, the two mattresses smelled like pee. The rug was black, it was supposed to have been tan. No bathroom, just a sink. And I'm thinking, 'Now, if I have to go out in the night and have to use the bathroom, the kids are in the room by themselves...with that little lock, they can easily kick the door down.' You know if you have a color TV or a radio or a tape or anything, they can sell it. So, it's really scary living down there. I went back downstairs and gave them the key. I said, 'No, it's not worth this.'"

Trying to create a home atmosphere seemed a futile effort to Lorena. She spoke of scrubbing and cleaning, collecting old cartons and abandoned dressers, and purchasing sheets and curtains to try to make their rooms livable.

After passing up the room at the Jefferson, Lorena and her children were given a room in the City Center Hotel. Lorena finds conditions better at the City Center, but still not safe or healthy.

Part of this interview was conducted in Lorena's room at the City Center. Paint was peeling off the walls of her room, the rug was dirty and worn, and a large bucket was jammed under the sink to catch leaking water. Four cockroaches scampered on the floor. The two double bed mattresses which Lorena had found on the floor with blood-stained sheets were now elevated on crates and covered with her own clean sheets and bedspreads. The beds filled nearly all the floor space, while a dressers and shelves occupied the rest. The room had a bathroom, a closet and a short hall which could be converted to a sleeping space for one of the children. "I have to share the beds with my boys...they're at the age where you have to be conscious of this.

A communal kitchen was added to the City Center Hotel, but it has only been used by residents once.

"We're not allowed to use it. I don't know why...It's just used by the manager and his wife. When I first came here, they didn't have a refrigerator or a stove. When the stove and refrigerator came, we were told that nobody could cook in their rooms. Everybody was going to share the kitchen, but nobody has used that kitchen yet. We're not supposed to cook in our rooms, but they allow us to...we can't afford to go to restaurants."

Lorena worries about drug use in the hotel. The stress and frustration of homelessness itself explains some of the pervasive use of drugs.

"There's a lot of running around and red tape. It makes you frustrated. When you're down like this, you want to take drugs and forget about it because no one is going to help you. You want to give up. A lot of women come in with the same determination like me, and now they're strung out on drugs. The women on drugs -- their rooms are terrible. It makes you want to throw up.

"You get to thinking that it's these people that's givin' you the run-around that are makin' people turn out like this. They're not, but it's like they're makin' people turn out like this...all the ones that come in decent and tryin' to do something."

"I had women come to me, 'Can I borrow some money? My kids are hungry, and I'll give you the money back later?' I'm thinking about how I gotta take care of my own kids, too. They just take the money to smoke that stuff. So now I'm gonna tell them, 'Just send your kids to my room and I'll feed 'em.'"

"Another time, I was cooking and a guy came to the door with a 20 lb. turkey. He wanted to sell it for \$10 so he could buy drugs. That's scary. You know, people come to your door, 'Could you give me \$10? I'll leave my TV with you and when my wife comes back, I'll give you the money.' It's frightening to walk in the midst of this every day and night.

"Growing up in this atmosphere is too difficult for children. I worry about how it will affect my sons. I'm doing the best I can to shield them. I tell my boys, 'You're not stupid, you're wise.' I raised them right. And, in that buildin', I don't let them play in the halls, 'cuz the kids want to fight, to bully 'em. So, I'm trying to get them off into basketball. I used to play basketball with 'em, and football. I spend a lot of time with my kids. 'Stay in your books, too,' I say, 'One day you might be buyin' me a home.'

"I'm overprotective of my boys. And I'm protective with their minds because I'm afraid one day...you know, they want so many things. The shoes they want are \$60. They want pants, jackets. I'm afraid some day some guy is going to hand them some rocks (crack), and they're going to see how easy it is to make money like that. Then eventually they'll get used to it. I don't want them to do that.

"My boys get sad when they see me sad and depressed. But this is depressing. One time, a little girl came to my door and asked for some aspirin. The girl said, 'My mother wants some aspirin.' I went to give the mother some aspirin and found her asleep with two men. I got to wondering, 'Why did that baby ask for some aspirin? Is all this getting too much for her? Is she thinking about committing suicide?'"

JOANIE

Joanie has been homeless for about four years. She is 66 years old. Before she became homeless, Joanie lived in Sacramento and received SSI (Supplemental Security Income), getting \$490 a month.

"I met John because he was the one I got my dope from. We became sweeties. He wanted me to move with him to San Francisco so I did. He had a job when we got here, but I didn't. He was a supervisor at a local drop-in center. We lived down on Sixth Street in a hotel.

"John started taking my money, and soon we didn't have money to pay the rent because John lost his job. We had to move out of the hotel. That's when I started staying at St. Anthony's Shelter. For most of the next three years, I slept in the shelter, but some nights I got there too late and had to sleep outside in front of St. Boniface Church or down in Civic Center Plaza because the shelter was already filled. Sometimes, I stayed at Episcopal Sanctuary but I didn't like it because it was dirty and there were lice.

"I never thought I'd find myself homeless! Finally, I got tired of being homeless and got a payee. I was suicidal while I was homeless. I felt like nobody cared for me. It was like a fairy tale I couldn't cope with. I went first thing in the morning to panhandle to get money to eat with. In the afternoons, I volunteered with the women's center that gave out free clothing. At 4:00 P.M. I went to St. Anthony's to get my shower and to watch TV. On the days I didn't volunteer I stayed in the park and panhandled and I passed the time in Boeddeker Park. On rainy days I stayed in St. Boniface Church, just rested in the Sanctuary because you're not allowed to lie down on the pews.

"I got most of my food through panhandling, and sometimes St. Anthony's. The different agencies I've gone to have been helpful. The women's center was most helpful because the staff was always there when I needed them, and they were more understanding. St. Anthony's helped me get back on my feet by being my payee and helping me find a place to stay, but some people there made you feel like just another number to them.

"I don't have any family left that I have contact with -- I have kids but I don't know where they're at. My uncle passed away in June and that was the last of the family I had contact with. My daughter was raised by foster parents and she just wanted to be with them so I just let her be. My other two kids were raised by foster parents, too.

"For jobs, I've done nursing-home care for the elderly. I had no training. I was in prison for 33 years. Since I'm at retirement age, I'm not in a position to get a job. I hope in a year from now I'll be in a position to live the way I want to live -- not on a low-income basis. \$637 a month is no money to live on...I dream of something different.

"People become homeless because they try to live above the ability of the money they have. Some have alcohol or drug problems and they spend all their money on that -- they just live for another bottle or another fix. The government needs to build more housing so people can afford housing."

DEE

Dee has been homeless for a year with her spouse and four year old daughter. They lived in a truck for one month. During that time, Dee was worried about her family because they were sick with colds and fever, and they had no access to good nutrition or bathing facilities.

Eventually Dee and her family moved into the Apollo Hotel. When they became more stabilized at the hotel, life became a little better. There have been good and bad times at the Apollo. Dee's spouse is attending school to become a certified auto mechanic. Dee has met other mothers at the hotel. One thing that especially concerns her is how some mothers treat their children. She describes it as "substance abuse versus food for children."

Dee's room is near a community kitchen. She receives AFDC, Food Stamps, and surplus food, but she does not have a refrigerator. There is a community refrigerator in the kitchen, but she does not feel comfortable leaving food there. She uses the stove in the community kitchen. The bathrooms are not always kept clean.

She gets emotional support and food boxes from the Family Advocate of the Homebased Head Start Program. The greatest frustration for Dee is the lack of a private bathroom and kitchen. She does not like sharing these facilities. She has refused the offer of a public housing project, but feels frustrated in her search for affordable housing. Dee says she wants permanent housing.

Dee and her family shared housing with other families three times before, and it never worked out. She wants to find low-cost housing and needs moving-in funds. She is hopeful that her spouse will be able to find employment in the future and, with increased income, they will be able to afford permanent housing.

Services and Barriers

"It's like social services are co-alcoholics who help keep people homeless. Those programs keep you in the rut and help you live like that for years."
-- Task Force Interviewee

The women interviewed for this report were generally able to find some basic resources. Those who stayed in shelters complained of lice, noise, and "all the turmoil and trouble." They were not able to get enough rest, but few preferred the hotels. The long waits in line to get a room and the deplorable conditions and lack of safety in the hotels prevented women from returning to the hotel system.

Many women used local soup kitchens as their main source of nutrition. They also found other ways to obtain food, such as panhandling, informal networks (friends, others who would provide a meal or petty cash), or saving food from the soup kitchens in containers. While it may appear that survival needs are met, the quality of nutrition and rest are not adequate to sustain the woman's health.

With inadequate rest and nutrition, homeless women are expected to stand in long lines, carry all their belongings, look for work, take care of children, and try to build a stable life. A 1987 survey by the Department of Social Services and the Department of Public Health of families staying in emergency shelter hotels found that 36% of the homeless adults and 27% of homeless children had skipped meals during the past month because of an inadequate supply of food. The lack of facilities to store, refrigerate, and prepare food within the hotels only make the problem worse.

Every night throughout the city, there are women and children who remain unhoused and hungry. While we do not know just how many women and children do not get shelter of any sort, we do know from anecdotal evidence and informal observation that their numbers are significant. The children of these families and of the families in the hotels and shelters are growing up with basic, primary needs neglected. There is no doubt that these children are at great risk for serious developmental problems, including difficulties in cognitive and behavioral development and emotional stability. They are also much more likely to be homeless again, or still, in their adult lives.

The impact of homelessness on children is of great concern to homeless women. The homeless women who were interviewed in shelters stressed the need for privacy and security and emphasized the importance of having children stay with their own parents. These women are aware of the city-wide "childcare crunch" and they feel that their children are hurt by the lack of quality, subsidized daycare.

Of particular importance to the women interviewed is the pressing need for respite care when parents are ill or out looking for employment. Working parents in the shelters require extended hours childcare. Sheltered women also raised other childrens' issues. Basic equipment and furniture for infants and children are beyond the financial reach of these women. They lack access to recreational activities, and their children's education is repeatedly disrupted. A Traveler's Aid survey found that 43% of the homeless school-age children whose families they serve at their agency do not regularly attend school (Travelor's Aid, 1987).

The responses of homeless women to the question of access to medical and health care ranged from praise to anger. One woman praised the workers at the local health center for taking their time and answering all her questions. More often, women were dissatisfied. A pregnant woman acknowledged that she needed prenatal care but was afraid if she went to a clinic or hospital her baby would be taken from her. The critical attitudes toward existing services suggest serious problems that should be addressed by each health and social services agency which concerns itself with the needs of the indigent.

The responses of the women interviewed by the Task Force were consistent with previous reports of the perspective of homeless women. Historical accounts of homelessness during the depression years report the reluctance of the homeless woman to seek help from social agencies because they would be forced into choices not of their own making and their children would often be removed from their custody. From pride alone, they "would half starve themselves rather than submit" to agency intrusion (Crouse, 1986). Witty (1987) concluded that many homeless women "would die of exposure rather than seek help from helping professionals or their friends or relatives."

In choosing this freedom from official intrusion and independence of lifestyle ,homeless women become vulnerable to public ridicule. When social service workers and health care providers meet the homeless woman with prejudice and paternalism, her alienation becomes complete. While ridicule and alienation may seem a high price to pay for freedom and independence, for the homeless woman, the pride of autonomy may be that important. And while life on the streets may seem to be a matter of choice, for women, clearly it is not. According to Witty (1987), "none of the women chose to live on the street; rather, if they had choices, they would have preferred to find permanent housing. Women were adamant about preferring street life as opposed to being jailed, hospitalized, or put in a home. But this choice is based on a preference for freedom and independence, not a homeless street life."

Recommendations

The recommendations of the homeless women interviewed have been integrated throughout the body of this report. However, a number of points are worthy of particular note.

1. Homeless women rarely, if ever, choose to be homeless, therefore acknowledgement of the root causes of homelessness among women must precede service and policy planning.
2. Respect for the individual's integrity and dignity must be maintained by those who would help. The recognition of the individual's right to self-determination and her ability to set her own priorities must be paramount.
3. Help for homeless women depends upon the building of a trusting relationship, the respect for the woman's strengths and an acceptance of change according to the individual's perceived needs.
4. Shelter accommodations for homeless women must be clean and safe and must provide basic survival facilities: for cooking, bathing, storage of belongings, receipt of mail, communication, rest and respite, and, for children, recreation.

HOUSING

The Lack of Affordable Housing

Regardless of the various problems individual homeless people may face, the fact remains that permanent housing of some sort is the fundamental need common to all of them. From a lack of affordable permanent housing, alternate systems arise: people double up, they live in their cars, they live on the street, and they utilize emergency shelters, hotel vouchers, or transitional housing.

For the purposes of this report we use the term "affordable housing" to mean housing which is subsidized to the point that it is affordable to the segment of the population which HUD designates as "very low-income" (i.e. people whose income is less than 50% of the median income for the region). In San Francisco, this income level is approximately \$20,000/year (maximum) for a family of four.

Housing costs in San Francisco have spiralled in the last 8 years. For example, the median advertised rent for a 2-bedroom apartment has risen from \$475/month in 1980, to \$900/month in 1988. Market rate housing starts at \$400 per month for the least expensive studio apartment (Bay Area Council, 1988). Although an estimated 20% of homeless people are employed, primarily in informal, part-time or low-wage jobs, their income is still insufficient to pay for housing.

Between 1975 and 1985, San Francisco lost more than 5,000 subsidized housing units. The Bay Area Council estimates that we will need 11,235 new subsidized housing unit by 1995. The consequence of this gap between expanding need and shrinking resources is homelessness. In 1986, the Mayor's Office reported that an estimated 6,000 people were without homes in San Francisco. Today, many advocates of the homeless estimate the numbers to be closer to 10,000.

Limited Resources for Housing

Since 1981, the budget of the U.S. Department of Housing and Urban Development has been cut by 72.6%, from \$33.7 billion in 1981 to \$9.2 billion for FY89. The impact of these budget cuts in virtually halting the development of new affordable and subsidized housing, has been dramatic.

In its publication Avenues Out of Despair, Public Advocates describes the likelihood of large reductions in the stock of existing affordable housing as well:

"[Many public housing] units/complexes were constructed with HUD mortgages that will be eligible for prepayment within the next 13 years, so that the units will subsequently be eligible

for conversion to market-rate housing. The estimated number of such units at risk of loss to low income persons in the San Francisco Bay Area as of April, 1987 is 18,820. The result of such a massive number of people losing the only housing they are able to afford, if present trends continue, is a massive increase in the number of Bay Area homeless. That is, in addition to the other causes of homelessness, there is this one major threat of substantially increasing the homeless population between now and the year 2000."

To off-set some of these budgetary cuts, the U.S. Senate passed the McKinney Act in 1987, which authorized \$475 million in emergency funds for the homeless. It renewed this Act in 1988 for \$642 million. San Francisco received \$1.87 million from the 1987 bill.

The adoption of the McKinney Act, which comprises the thrust of the federal response to homelessness today, and the virtual decimation of the Housing and Urban Development budget, mark a significant shift away from the provision of housing, a long-term, structural response to the problems of homelessness, to the maintenance of shelters, a short-term, temporary answer.

One response on the national level to the obvious need for governmental support for housing production has been the National Housing Task Force, 1987-1988, initiated by Senators Alan Cranston of California and Alfonse D'Amato of New York. This Task Force found: a reverse in a 40-year trend in homeownership from a peak in 1980 to a steady decline; a waiting list for public housing nationally of one million families; almost a doubling of households paying more than 50% of their income for housing since 1975; and a depletion in the housing stock since 1983 of 4.5 million units. They call the problem of homelessness "merely the tip of the iceberg, a manifestation of a graver and more pervasive condition: the large number of poor people and the decline in the supply of housing they can afford" (National Housing Task Force, 1988).

The National Housing Task Force is recommending a major new system for "delivering affordable housing" which would restore and revitalize public housing, expand incentives for the production of new low income rental housing, develop benevolent loan funds and community development banks to fund housing projects, and have the federal government once again in active partnership with localities

In California, under the recently adopted "Homeless Assistance Program," AB1733 (Isenberg), the state now provides \$35 million per year, for temporary or permanent housing expenses, to homeless families eligible for Aid to Families with Dependent Children (AFDC). The program also enables families able to find affordable permanent housing to receive a grant for the last month's rent and security deposit, a common obstacle preventing families from moving into available housing.

The State Office of Housing and Community Development administers funds available for special development projects. State-funded programs related to housing include the Emergency Services Program, the Rental Deposit Guarantee Program, a program for the homeless mentally ill, and a Special User Housing Program, with components

for the acquisition and rehabilitation of single room occupancy (SRO) hotels and for the housing of mentally disabled people. The total money available for HCD programs is only \$6-10 million statewide.

The Governor decreased the Emergency Services Program allocation in 1988-89 in anticipation of the passage of the Housing and Homeless Bond Act (Roberti) in the November 1988 election. This and companion Roberti housing measures will make \$600 million in general obligation bonds available statewide over the next two years. The first of three parts of this Act, Proposition 77, was passed in June 1988, and authorized the sale of \$150 million in bonds for seismic and low-income housing rehabilitation. Proposition 84, passed in the November 1988 election, provided for another \$300 million to build and rehabilitate new shelters and housing.

Locally, the Mayor's Office of Housing (MOH) provides the bulk of the city's housing subsidies. MOH funds the administrative budgets for 7 of the non-profit housing corporations in San Francisco. MOH also administers the Community Development Block Grant Site Acquisition pool of approximately \$2 million per year, and the Community Housing Rehabilitation Pool, also \$2 million a year. The office is also the conduit for certain state and federal subsidies such as the Housing Development Action Grant program and the Rental Rehabilitation program, both of which are oriented toward servicing families.

The San Francisco Redevelopment Agency is responsible for promoting market-rate and affordable housing in redevelopment project areas. It provides mortgage financing for these projects through tax-exempt bonds. At present the Redevelopment Agency has no projects directly related to providing housing for the homeless.

The Housing Authority provides public housing for over 4,000 low income families, in 25 family housing developments throughout the City. Current waiting lists for public housing assistance, for both Section 8 vouchers for rental units, and actual placement in public housing are from 3-5 years long. Subsidized housing programs for elderly and disabled people similarly have long lists.

Many of those waiting to get into public housing are at risk of becoming homeless (living with friends or relatives, or otherwise inadequately housed), but are not yet homeless. When new units are renovated or otherwise made available these people, regardless of their tenure on the Housing Authority waiting list, generally are not the first to receive housing. Rather, families who are currently homeless are generally given priority. Consequently, the "at risk" population is never served.

Over the past two years, the Department of Social Services has received both General Fund and General Assistance money for two consecutive annual contracts with the San Francisco Housing Authority to renovate over 200 units for homeless families. These units would otherwise have stood vacant. They represent, for the most part, the largest source of affordable housing that the city has been able to provide to families without homes. Meanwhile, the city has spent \$5.5 million annually for emergency shelter in hot-line hotels.

Between 1980 and 1986, non-profit Housing Development Corporations (HDC's) produced 56% of the new affordable housing units in San Francisco. Working with social service agencies and local government, non-profit developers are presently developing "transitional" rental housing for indigent people.

The adoption of San Francisco's "Twelve Point Homeless Policy" and the recent endorsement by the Mayor, members of the Board of Supervisors, and the Social Services Commission of the "Transitional Housing Proposal" developed by the Transitional Housing Committee of the Coalition on Homelessness both mark significant changes in the direction of San Francisco's homeless program. These steps signal a growing understanding of the depth of the homeless problem and the long-term nature of its solution. The Homeless Women and Children Task Force fully endorses this approach and advocates for the allocation of resources accordingly.

Obstacles to Obtaining Affordable Housing

As discussed above, the dwindling supply of affordable housing and the lack of funds to build new housing are at the root of the homeless problem. Waiting lists for existing public housing are prohibitively long, and housing options for those most at risk of becoming homeless are woefully few. Approximately 400 Housing Authority units are currently vacant due to lack of funds for renovation. For those receiving public assistance, the level of government entitlements is insufficient to maintain housing in the current market.

Furthermore, the initial costs involved in moving into an apartment, including first and last month's rent, security deposit, and moving costs often stand in the way of individuals who would otherwise be able to afford rental housing. All of these factors are compounded for women with children, who are frequently the victims of illegal discrimination by landlords who do not want to rent to families with children.

Recommendations

1. The non-profit housing organizations in our city are the most accountable, appropriate and cost-effective instrument for public investment in affordable housing. The Department of Social Services should, therefore, begin immediately to phase out its arrangements with for-profit operators and replace them with non-profit housing contractors.
 - a. The Mayor's Office should assist nonprofit housing operators in locating privately and publicly owned properties which could be acquired as housing for homeless people.
 - b. The City should acquire or help non-profits to acquire control of buildings which could be used for low-income housing stock. Ownership by the city could be an incremental step in conferring the buildings to the non-profits.

- c. The city should assist non-profit developers and support service providers in the development of transitional housing programs.
2. Incorporate the special needs of women with children (i.e., child care, safety, health care, job training, etc.) into any proposal for transitional or permanent low-income housing for families or women.
3. Advocate for the preservation of those public housing units which will shortly be eligible for conversion to market-rate housing.
4. The rehabilitation of unoccupied public housing should be made a top priority. Options for creative financing, as well as sweat equity, donated labor, and private resources should be pursued.
5. Enlist the aid of local property owners/operators and residents in areas targeted for low-income housing developments, particularly residential hotel and downtown apartment house owners, residential contractors, and the construction trades. Involve owners, operators and residents in developing solutions for the permanent housing needs of the lowest income groups.
6. Lobby at the local, state and national levels for a comprehensive housing policy which guarantees all people the right to housing.
7. Lobby for the city to reprioritize present and future revenue in order to set aside a percentage of available funds for the development of affordable housing.
8. Develop a city-wide coordinated approach in the application for federal, state and local money for housing development. Encourage city departments to develop more matching fund programs.
9. Encourage the development of mechanisms to provide for rental deposits, e.g. rental deposit guarantee programs and loan programs. Explore the possibility of the city to self-insure on payments.
10. Support the expansion of the Tenderloin Housing Clinic's deferred payment plan for GA recipients. Under this plan landlords would lower rents to GA recipients in return for guaranteed payment administered by THC.
11. Encourage the development of homesharing coordination programs such as Innovative Housing in Marin and San Francisco.

For more detailed treatments of housing development issues in general and in San Francisco, as well as for detailed recommendations along these lines, the following is a partial list of resources:

Bay Area Council Housing Action Program. "Housing in San Francisco: Building for Affordability." Housing Briefs. February, 1988.

Council of Community Housing Organizations. Community Based Non-Profit Affordable Housing Development 1980/1988. February, 1988.

Mental Health Association of San Francisco Housing Task Force. A Place to Be. May, 1987.

Riordan, Teresa. "Housekeeping at HUD," Common Cause. March/April, 1987, pp. 26-31.

Symposium of the Association of Bay Area Governments. The San Francisco Bay Area: A View to the Year 2005. July, 1987.

San Francisco Housing and Tenants' Council. The Story Behind San Francisco's Shrinking Housing Supply: A Preliminary Report, 1975-1985. 1986.

Women's Institute for Housing and Economic Development, Inc. A Manual on Transitional Housing. Boston, February, 1986.

EMERGENCY SHELTER

The Need for Emergency Shelter

Emergency shelter is an ordinary need for most people at some time in their lives. It is not difficult to imagine circumstances that would lead the average person to look for temporary lodging, be it a temporary stay with a relative or friend or a simple emergency need met by a church, fraternal organization or club.

The average homeless individual in San Francisco's shelters is not so different. The most significant difference is that she does not have the familial or social contacts to provide temporary help or refuge, and she lacks the funds to buy temporary shelter.

Because we have become less and less able to meet our needs for permanent affordable housing and for transitional housing, we are now overcome with the difficulty of providing emergency shelter for an unprecedentedly large number of people. The predominance of lower wages, labor mobility, deinstitutionalization of dependent adults and inadequate supportive services to address the problems of indigent people, as well as a lack of comprehensive employment development programs, all contribute to the increased demand for emergency shelter arrangements.

Emergency shelter services do need to be adequate to meet the growing need. It is important, however, that we do not put off the development of affordable permanent housing for the sake of creating and perfecting a large shelter system. The priority for a long-term solution is the development of housing and employment programs and more adequate supportive services. Along the way, however, emergency shelters must be designed to address the symptoms of the long-term problems and to meet the varied needs of people in transition and crisis.

An ethnographic study of homeless women over the age of 50 conducted in San Francisco between 1979 and 1981, found that women became homeless for a number of reasons including: illness, loss of spouse or partner, loss of job, loss of housing, loss of income or benefits, and a social service system that is unable to stop the cycle of poverty, illness, and desolation into which they had "temporarily" fallen (Witty, 1986, unpublished). Many of these women saw themselves not as destitute, but simply in need of a helping hand to get back on track. As one woman interviewed in this study said, "I don't need charity from folks, what I need is a safe place to get away."

These homeless women resisted seeking assistance from service workers because they had been "social worked to death" as one homeless woman stated. They had been interviewed, but nothing had happened to change their lives. These women were angered by the red tape, complex forms, and bureaucratic hassle of the application process. They resisted answering questions about their lives and past history because they felt that this information would be used against them and never used to help them.

It is critical, if the emergency housing needs of people are to be met, that the emergency shelter system be adequate and appropriate to the need. Given the economic and social pressures presently facing all of the lower income groups in our society, in all regions and locations, temporary homelessness can be expected to increase, and the need for emergency shelter will grow.

The Current Emergency Shelter System

Emergency shelter for women, children and youth in San Francisco presently is provided in part by joint public and private efforts, although until 1987 the majority of homeless women and children were sheltered by a few private nonprofit organizations and churches without public support. The chart which follows summarizes information obtained from the Task Force Provider's Survey.

TABLE A. Emergency Shelter Space for Women and Children

<u>SPONSOR</u>	<u>SHELTER</u>	<u>SPACES</u>	<u>DATE OPENED</u>
<u>WOMEN ONLY</u>			
St. Anthony Foundation	Bethesda Project	43	1984
Episcopal Sanctuary	Same	100	1982
City	Hotline Hotels	180*	1984
<u>BATTERED WOMEN</u>			
La Casa de las Madres	same	25	1976
St. Vincent de Paul	Rosalie House	20	1983

<u>SPONSOR</u>	<u>SHELTER</u>	<u>SPACES</u>	<u>DATE OPENED</u>
<u>FAMILIES</u>			
Holy Order of Mass	Rafael House	50	1970
Hamilton Methodist Church	Haight Ashbury Family Shelter	60	1985
<u>YOUTH</u>			
Catholic Charities	Diamond Youth Shelter	20	1984
Hospitality House	Hospitality House Youth Shelter	6	1967
Youth Advocates	Huckleberry House	6	1969

For almost twenty years Rafael House has provided shelter to homeless families. Youth (runaways) in small numbers have been able to take refuge at Huckleberry House since 1969. These small facilities were the mainstay of homeless services for women, children and youth in San Francisco until the crisis of mass homelessness in the 1980's.

The Episcopal Sanctuary was the first mass shelter to open (in 1982). A gymnasium in the Canon Kip building was filled with floor mats for 80 women. Men, in greater numbers, slept on cots or floor mats in the other large spaces of this building. It soon became apparent that the women and many of the elderly and disabled men were returning night after night, some staying months for lack of other housing alternatives.

By 1982 the homelessness problem had grown larger than the ability of charity alone to handle it. The city's Department of Social Services arranged for homeless men and women to be placed nightly in some of the single-room occupancy hotels in the Tenderloin and Mission Districts; and the "hotline hotel" program suddenly mushroomed at public expense. In addition, the city began to subsidize the church-run shelters.

The San Francisco taxpayer now provides funding for private shelters, but the public sector's largest program is the "Hot-line hotels," managed by the Department of Social Services. The program accounts for the largest number of shelter beds, and these are in single-room occupancy hotels. Homeless persons wait in lines to receive tickets for these rooms for up to 7 nights. The Department of Social Services pays for these rooms, an expense which costs the city \$5.5 million in 1987. Persons receiving cash benefits through public welfare programs are not eligible for hot-line hotel rooms, and users of the emergency rooms are expected to move on to find permanent housing on their own.

Women, however, are rarely seen in the lines for these rooms. They cite the lack of security and unsanitary conditions as primary reasons for staying away.

While single adults do not pay for emergency shelter, families are expected to pay for theirs. Paying for hotels as emergency shelter is a major, and largely wasteful, expenditure for the city. Paying for emergency shelter in a hotel room is also a financial burden for homeless families. Families who are eligible for AFDC may be placed by the Department of Social Services in a hotel room. Sixty families, with a total of 93 children, for example, live in single rooms at the Apollo Hotel on Valencia Street and share one kitchen. They pay one-third to almost one-half of their welfare grant for this "temporary" arrangement. Some families have lived this way for up to three years.

TABLE B. Cost of Housing a Family at City Center Hotel/per month

<u>FAMILY SIZE:</u>	<u>Two</u>	<u>Four</u>	<u>Six (Two Rooms)</u>
<u>COST:</u>			
TO FAMILY	\$200	\$300	\$300
TO CITY	217	237	654
<u>TOTAL COST:</u>	<u>\$417</u>	<u>\$537</u>	<u>\$954</u>

TABLE C. Proportion of a Family's AFDC Income Spent for Shelter at City Center Hotel

<u>FAMILY SIZE</u>	<u>Two</u>	<u>Four</u>	<u>Six</u>
<u>INCOME</u> (AFDC Grant)	\$535	\$788	\$1010
<u>SHELTER COST</u> -	\$200	300	300
<u>REMAINDER</u> for living expenses	\$335	488	710

The Inadequacy of Emergency Services

It is clear that the resources which have thus far been mobilized to meet the need for temporary, emergency shelter in San Francisco have fallen far short of adequate. While the data for this report were collected in the early part of 1988, recent events have underlined the severity of the homeless problem in San Francisco. In the last week of 1988 a call went out to the churches once again: with all the shelter spaces at capacity, with a public budget for emergency shelter in the vicinity of \$6 to \$10 million, new providers of shelter were solicited for the many homeless huddled in the freezing open spaces of the civic center.

The problem may be especially acute for women and children. Even with the shelter spaces now available, grave barriers face women who find themselves homeless:

- Most of the estimated 3,300 women, children and youth in need of shelter are not served by the 490 emergency spaces designated for them.

- The shelters do not permit daytime access nor do they have a full range of support services.

- Families staying in DSS hotels are required to pay for thier shelter, yet what they get is hardly adequate as housing.

- Special funds granted to families to rent housing for 28 days (Isenberg, AB1733) is quickly dissipated as families search unsuccessfully for permanent affordable housing.

- Homeless women will not use hotel rooms because, in their own words, they are "abominable, filthy, lacking in basic items such as running water and locks, and full of violence and drugs."

- Long lines of homeless people characterize shelters and the hotline. People forced to wait in these lines feel degraded.

- Health conditions in crowded shelters are so bad that lice infestation is a common problem, as are the common illnesses which are transmitted by simple contact and exposure.

- The varying needs of the people who stay in the shelters are often overlooked. For example, homeless mentally ill women are staying in the general shelters along with those who are not mentally ill, and no special services are available to them.

- Shelters and hotels do not provide storage for belongings; therefore people are forced to dispose of all their belongings or carry them around all day, thus becoming stigmatized as homeless.

Recommendations

1. Provide small scale facilities which have a home-like atmosphere and full twenty-four hour access for women alone and women with children.
2. Increase accessibility of existing shelters by making them available 24 hours per day.
3. Provide play and recreation rooms in all shelters and hotels which accommodate children and arrange for supervision of these rooms.
4. Provide a family shelter specially designed with 24 hour access for families which include a father or teen-aged son.

5. Recognize and protect shelter residents with special needs, such as those with mental disabilities.
6. Increase the cooking facilities in family hotels so that fewer families share a kitchen; include refrigeration in each family's room and provide community kitchens where there are none.
7. Enforce stringently the minimum standards of health and safety in hotline hotels.
8. Build on and supplement the existing social services in shelters and hotels.
9. Prevent future zoning problems by encouraging neighborhood support of shelter operations.

SHELTER TO HOUSING PROPOSAL

A Four Part Model

We propose a model shelter system to accommodate single women and families. This system would have separate but analogous components for single women and families.

Our desire to separate homeless women from homeless men comes in part from the differences in services required, such as health needs and counseling for battered women. More importantly, it comes from the observations of homeless women and of service providers that the presence of men in shelter and service settings often intimidates women to the point that they will not use the facilities. In other cases, it prevents comfortable and thorough use of the services available. Intimidation is justified from outside circumstances alone, more often than not: for example, women report that a high risk of rape exists for those who would live in the streets of the Tenderloin, where many services are located. The conditions of homelessness leave people with no guarantee of protection from harm, and women and children without homes are especially vulnerable.

This proposal assumes that adequate resources will exist to which women can be referred throughout the community, especially if only limited services can be available in-house. This model is powerful because it provides for a continuum of services culminating in available permanent housing.

Phase 1: Emergency Intake Shelter

This type of shelter would be available to women, with no questions asked. It would include showers, phones, storage and security. Also available would be basic information and referral services and enough case management to start the process of obtaining an ID and to place the woman in the next phase of the system.

This shelter should be open 24 hours so that its users would not be left out of doors during the day. People should sleep on cots rather than on mats and should have access to three meals per day (lunch could be brown bag). Laundry facilities should be available. In the family shelter of this system, a supervised play area should be available for children so that parents would be freed during the day.

Phase 2: Transitional Shelter

This type of shelter would be available to women for a period of perhaps two months. It would provide extensive case management, available as requested, and a mailing address. It would cater to a specialized population: separate facilities would exist for families, for women with substance abuse problems, with mental health problems (dual diagnostics also would be accommodated), with physical disabilities or poor health, battered women, and finally for women with basic survival needs only.

In such a shelter women would live in bedrooms and have access to kitchen space and work space. The facility would be open 24 hours per day.

Such a program should provide 24-hour case management (which would include help with problems with obtaining identification documents), counselling services, and also such specialized services as job readiness training and job placement on-site. Each woman should have her own bedroom.

In the family program, extra bedrooms, supervised child care and parent education workshops would also be available.

Phase 3: Transitional Housing

This type of housing would have separate facilities specialized for the same groups as would the transitional shelter. Women and families would have personal space and a minimum of a year in which to prepare for a permanent housing arrangement. Included in the program would be case management and job readiness and placement assistance, as well as workshops in collective living skills. The family program would provide supervised child care and parent education workshops.

These facilities would charge, but be subsidized in order to be affordable to public assistance clients seeking jobs. Since residents no longer would be in crisis situations, by and large, the operation would be less staff-intensive.

Phase 4: Permanent Housing

This housing would include subsidized units as well as permanent and humane custodial facilities. The latter could be fashioned along the lines of the Chateau Agape Board and Care facility here in San Francisco.

The absence of any component element of the model will have repercussions throughout the model. Most important to the model is that permanent housing be available at the end of the process.

JOBS AND EMPLOYMENT

Job Search Problems of Homeless People

While there are few job programs for homeless men, there are none for women. Because most job programs are designed for men as presumed head of household, women's work needs are often neglected. Homeless women, and men, want and need work; both sexes share the frustration and despair resulting from "Catch-22": unable to escape homelessness because they don't have a job and unable to find a job because they have no home. There are few interviews with the homeless that don't begin or end with "how can I look for a job with my belongings on my back; who will give me a job if they don't know where to find me?"

This report will review job programs for the homeless which have been created since 1983. It will examine the successes and failures, make recommendations for new job programs, and discuss how the special needs of homeless women could be included in future job program designs.

A Succession of Jobs Programs

Other than homeless shelters and missions which have assisted homeless people in obtaining jobs, the first actual job program for the homeless, the Homeless Jobs Project, began in 1983. The program recruited and screened clients through the shelters and referred them to the Mayor's Office of Employment and Training (MOET); MOET then interviewed and matched 20 homeless people from each shelter (100 people total) with various temporary, non-civil service jobs in City agencies such as MUNI, the Department of Parks and Recreation, the Housing Authority and the Department of Public Works.

These MOET jobs primarily involved activities such as clerical work, cleaning buses, removing trash, weeding, and general city maintenance. Salaries averaged \$411.00 bi-weekly. There was high turnover: a total of 142 participated, 92 of whom received "negative termination" for unsatisfactory performance, failure to show up for work, etc.; 23 found employment; and the others either relocated or left for other reasons. Only one agency provided counseling and support to its participants. Forty three people, some of whom had successfully completed the first program, were referred to a second phase MOET program called the Jobs Try Out program. During this time, the MOET program was phased out and reconstituted as the Private Industry Council (PIC).

The Jobs Try Out Program (PIC) was designed to bring private industry into the jobs effort by offering to subsidize the salary of the homeless person for three months (\$900/month). Private sector employers were encouraged to enter into

a good faith commitment and hire program participants if they had successfully trained for the job. The Mayor supplied PIC with 150 personal business contacts and the offer was publicized in the PIC Newsletter, which reaches 5,000 businesses in the city. Of the 34 homeless participants, 15 were hired by private, nonprofit and public employers; 17 were unemployed when the program ended; the status of 11 was unknown.

Another effort to go to the private sector for jobs began in 1984 when a coalition of agencies in the Tenderloin formed to obtain jobs for the homeless and Tenderloin residents at the Ramada Renaissance Hotel. As part of the operating requirements for the hotel, the City Planning Commission (Resolution #8844) required the Ramada Renaissance to make a "good faith effort" to hire Tenderloin residents.

During this effort, the major providers of services and employment programs to the Tenderloin's homeless (St. Anthony's Foundation, Glide Church, Central City Hospitality House, and the Bay Area Women's Resource Center) insisted that the homeless were "residents" of the Tenderloin. The Tenderloin Times and the Ramada Renaissance sponsored a jobs fair at Glide Church; every Tenderloin employment agency provided initial screening, gave specific information on available jobs, and informed qualified clients about the next steps in the hiring process. More than 1,000 people, most of them homeless, came to the fair, indicating a tremendous interest in and need for work in the homeless population.

By its opening date, the Ramada hired 98 Tenderloin residents, only 3 of whom were homeless, for approximately 500 jobs. Obtaining accurate statistics was difficult because the Ramada did not systematically code job openings, overall hires, and Tenderloin hires, or turn-over rates of Tenderloin residents and other employees.

Some members of this coalition have expressed frustration about the weakness of the language "good faith effort," the inability to monitor the hiring rate, turnover, etc., and the general difficulty of obtaining employment for the homeless as compared to the residents of the Tenderloin.

In October, 1987, a coalition of social service agencies and private industry formed S.F. People Employing People (PEP). This coalition was initiated by members of the local chapter of Associated Legal Office Services who are committed to making entry-level jobs in law offices available to the homeless. Most recently some temporary employment agencies have expressed a willingness to consider the homeless for jobs, and PEP hopes to include other businesses as it expands. PEP recognizes the importance of a centralized job bank and hopes to obtain a computer for this purpose. EDD has agreed to provide office space, and the EOC has donated a half-time staffperson. The group is pursuing a nonprofit status.

In July, 1988, members of this coalition decided to strengthen their ability to advocate for the homeless by joining job providers South of Market and by working with the Planning Commission to enforce Proposition M.

This coalition (North and South of Market Jobs Coalition), which includes homeless representatives, is seeking funding to establish a centralized job referral site that will provide pre- and post-job counseling and support for those homeless people who aren't immediately able to obtain employment.

Barriers to Employment

Of the areas that have been barriers to total success in the employment area, the most significant can be the employer's attitude. Like many people, employers perceive the homeless as dirty, ragged, drunk, insane, or antagonistic. Employers are not aware of all the very different types of homeless people, many of whom are capable and qualified to work. If an employer expects a problem, this anxiety may well be communicated to the employee. The homeless job seeker may also be sensitive to the stigma of being homeless and perceive this stigma to be a factor in the interview and in the work setting. These kinds of misunderstandings and anxieties, when coupled with the time-consuming bureaucratic paperwork that goes with government subsidies and incentives, frequently prevent potential employers from cooperating in jobs projects.

Secondly, many of the jobs offered to the homeless person are temporary, part-time or minimum wage; these limitations prevent employed homeless people from escaping their homeless situation. Usually a homeless person lacks sufficient resources to survive until a job becomes full-time. Hotels in particular start new employees on a temporary, on-call basis. The jobs in the Mayor's Jobs Program for the Homeless were also only temporary and non-civil service positions, despite the fact that they provided to homeless people work and responsibilities equal to that in better-paid, permanent city jobs.

Once a person has dropped through various "safety nets" and becomes homeless, numerous obstacles may prevent him/her from obtaining a job. Most obvious is the lack of stable housing. In addition, lack of identification, of access to transportation, of suitable clothing, of current references, and gaps in work history all contribute to a homeless person's difficulty in procuring employment. Some homeless job seekers suffer from problems of substance abuse, severe low self esteem or mental disabilities. These problems must often be addressed before the seeker can be successful at finding or maintaining a job. Finally, the longer a person is out of a job, the more difficult it becomes for him/her to obtain one.

Brenda Brown, a M.O.E.T. employee who has participated in all of the programs described above, explains "People have been out of work so long that the world of work is foreign to them." In those homeless people in the first project who five months later participated in the Job Tryout Project, however, she notes that "[there is] a great difference in the appearance, positive attitudes and self confidence displayed."

Nevertheless, once on the job a homeless person may experience a foreignness which can create problems and is often manifested in conflicts with peers or supervisors. The new employee often feels isolated, stigmatized, and misunderstood; length of employment can be very brief. Again, such conditions point to a need for support services along with jobs.

Special Employment Problems Faced by Homeless Women

In addition to all of the above described barriers to employment for the homeless person, women face additional barriers. As with all women, homeless women face societal attitudes that do not value working women but define a woman's role as being exclusively in the home. Women face discrimination in obtaining employment and once on the job may receive harassment from co-workers and superiors. This negative societal attitude is often internalized by individual women, resulting in lack of confidence in employability, lessening of motivation, and lack of necessary competitiveness and "staying power."

Together with this low level of motivation are serious economic barriers for a women who must support children. In order to earn an income sufficient to supplant AFDC benefits, a woman with two children must earn a minimum of \$8.50 per hour. This wage would provide for some childcare and medical coverage for her family. Childcare, however, is not readily available in San Francisco, and it comes at a premium (\$4,000-5,000 annually, per child). A mother with entry level skills cannot obtain a job with a salary adequate for her to support her family; she is thus relegated to dehumanizing welfare rolls.

Recommendations for a Successful Jobs Program for Homeless Women

1. Design job programs to incorporate the special needs of women, such as childcare and and skill training to command higher paying jobs.
2. Involve homeless women in all phases of the design and implementation of these programs.
3. Involve a city-wide cooperative coalition representing government, private enterprises, social service agencies, and foundations as well as homeless women in the design, implementation, and funding of a centralized job service delivery system.
4. Coordinate services to provide adequate financial and personal support to each job applicant to insure job readiness: ability to be on time, well-groomed, able to fill out job applications/resumes and motivated to work. Volunteers could be involved in all areas and a "buddy system" developed to provide additional personal support.
5. Develop agreements with existing shelters that serve women to allow for extended non-interrupted stays and storage of personal items. Such features will allow the homeless worker to seek employment and obtain sufficient financial reserves to move into permanent housing. The shelters must also provide a reliable and confidential system for relaying messages/information between job seekers and employers.
6. Develop transitional housing as soon as possible: even if a shelter can provide the support proposed in #5, the shelter environment is generally not conducive to looking for or maintaining employment.

7. City government should provide the leadership to motivate private industry to provide job opportunities. Social service agencies and the homeless themselves must educate private businesses about the special issues of the homeless.
8. Provide paid job training positions and adequate time for the job training.
9. Make daycare available while a woman looks for work; set costs in line with her salary. Hours of daycare must be flexible and the service conveniently located.
10. Execute the program carefully so that while it provides jobs and hope, it does not raise expectations to unrealistic levels.
11. Develop a cooperative business which would involve the homeless in rehabilitating housing.
12. Individualize job programs to meet the needs of each applicant to include sheltered workshops, labor and professional jobs.
13. Include an evaluation component to determine cost efficiencies and user satisfaction.

CHILD CARE AND EDUCATION

San Francisco's Homeless Children

It is estimated that 20-25% of San Francisco's homeless population (at least 1,200 individuals) are families. The majority of these families consist of single-parent women with children. Families are one of the fastest growing segments of the homeless population; nationally, the number of homeless families is increasing at a rate of 25% per year (U.S. Conference of Mayors, 1987).

In a survey of homeless families in hotels (MCJC, 1987), 81% expressed a pressing need for child care. The average family has two or more children (2.2) with an average age of 6 years. The survey indicates a clear need for both pre-school and after-school childcare programs. Not only do children suffer when they must spend days in the confines of a hotel room or on the streets with their parents, but the lack of child care is one of the main obstacles for homeless parents in gaining employment or enrolling in job-training programs.

No one knows how many of the children of homeless families are attending school, but a 1986 survey of families in eight major cities conducted by Traveler's Aid International, which included San Francisco, found that nearly half (43%) of the school-age children were not attending school. Until recently, the San Francisco School District did not enroll children in school unless they had a permanent address. Homeless children frequently have a high absenteeism rate due to family relocation, lack of transportation, inadequate food and sleep, and related personal problems.

Within the "family" hotels designated by the Department of Social Services, there is no available child care, nor are cramped hotel rooms healthy or stimulating environments for the growth and development of children. One family hotel shelter, the Apollo Hotel, managed by St. Vincent de Paul, has begun to provide social services for families; specific programs for children, however, are not available. The hotel also has a public health nurse providing basic health care weekly. The hotel houses 60 families, including 93 children, in very close quarters.

There are numerous private child care and infant care centers in San Francisco for the many working mothers; there are few subsidized child care centers, however, and even those which are subsidized are financially beyond the reach of the very poor. Existing child care may be useful for the few working homeless families, provided that they can wait on a list.

Apart from the family hotel "shelters" there are few shelters for women and their children. Rafael House and the Haight Ashbury Family Shelter continue to provide shelter for families, while a few other, smaller shelters for women and children have sprung up in recent years but not been maintained. These shelters do not provide formal child care. The family shelters are not daytime

operations; therefore mothers with young children, even infants, must leave the shelter in the early morning hours and must stand in line again in the evening to get shelter. These mothers and their children are out on the street all day with no place for their children to play or rest.

The San Francisco Unified School District established a Task Force to address the problems of making the schools accessible and responsive to homeless children. Presently they are working with state government and locally to address legislative issues and to expedite problem-solving and communications between the School Board, private and public agencies, and homeless families.

The Immediate Need: Child Care for Homeless Children

The child care and educational needs of homeless and hotel families parallel the childcare and educational needs of working families. Living temporarily in welfare hotels and searching for work, families with infants and pre-school children need onsite childcare. School-age children need before and after school care, and parents working at night need nighttime child care. Children of sheltered families need care at times during the day, or a place for supervised play in a safe, structured environment.

Homeless mothers lack the time, money and transportation necessary for them to attend to the long-term needs of the family as well as to the immediate needs of their children and themselves. The problem is especially acute when the children are infants. Many homeless infants have had neither prenatal care nor immunizations. In fact, homeless women who are pregnant often do not seek appropriate prenatal care. Some young homeless mothers are ill-equipped to provide nurture for newborns, yet there are no special programs or residences for them.

Sheltered families may provide informal child care arrangements for each other in order to do necessary errands. In some cases, shelter staff may even babysit informally to give parents some respite or time to take care of business. However, informal arrangements generally are too difficult to maintain for more than very brief periods of time and cannot serve the serious purposes of child care.

Efforts to assist homeless children have focused largely on the needs of school-aged children. Specialized programs for infant care and pre-school care must be developed. Attention to pregnant homeless women is badly needed.

Recommendations for Child Care

1. Immediately provide a drop-in child care center for homeless families to permit parents to search for employment and give some respite to them and their children. A safe place to play, flexibility in hours of care, onsite social support and services for families, and the capacity to evaluate special needs are all necessary components.

2. Develop social services in all family hotels and shelters to bring relevant information about child care and children's activities to parents; to encourage enrollment of children where this is possible; to link parents to all useful children's programs, and to encourage cooperative day care activities among parents.
3. Ensure that there are adequate subsidized infant and pre-school child care slots in the Mission and the Tenderloin where most homeless families are found; develop mechanisms to further subsidize child care slots for unemployed homeless mothers so that their share of payments to child care providers is affordable.
4. Immediately make available a store of infant goods and supplies that may be distributed to family hotels and shelters, including blankets, diapers, formula, clothing, playthings, books, and cribs.
5. Encourage existing children's programs, such as Tiny Tots and Head Start, to develop outstationed programs in the family hotels and shelters.

Recommendations for Education

1. The school district should provide a liaison team to work with homeless families. This team could help to enroll the children in school, follow-up with children who are absent, and help teachers, schools and parents talk with and understand the issues of the others.
2. Special recreation and tutoring programs for children in hotels and shelters should be provided at the shelter site or at a nearby site and should involve parents in information sharing.
3. Homeless families should be provided with social services and transportation to encourage the enrollment and regular attendance of their children in school.
4. Materials and supplies (clothing, shoes, school supplies) should be provided to homeless children as needed.
5. The Homeless Children Task Force of the San Francisco Unified School District should be supported as it begins to implement specific policies to meet the unique needs of homeless families with school-age children.

HEALTH CARE

Adverse Health Circumstances

Life in the streets, shelters and transient hotels subjects homeless people to a variety of situations which adversely affect their health, including exposure to the elements, inability to rest properly or sufficiently, poor nutrition, vulnerability to violence and increased exposure to contagious diseases. Moreover, the ability to maintain good health through immunizations and screenings, or to manage or treat chronic conditions such as hypertension, diabetes, mental disability or substance abuse, is severely compromised by the harshness of homeless life.

In short, the health problems of homeless people are inextricably linked to homelessness and tend to fall into the following three general categories:

- Common health problems which may become serious or critical due to stress, exposure and lack of treatment (upper respiratory infections, flu, dental disease, wounds and other forms of trauma)
- Health problems that are largely the consequence of homelessness (skin infestations, tuberculosis, nutritional conditions, conditions related to sleep deprivation)
- Health problems which are a major contributing factor to homelessness (mental disability, substance abuse, alcoholism, family violence, AIDS/ARC)

Families face health risks due to the stress of homelessness. Parent-child interaction can be greatly disrupted and create a range of problems from maternal and child depression, developmental delays in young children, and life threatening problems such as child abuse, neglect or severe malnutrition. The lack of a consistent place to live, compounded by a shelter system which does not provide daytime care, decrease options for respite and may further exacerbate parent and child stress.

Furthermore, the lack of refrigeration (formula preparation and storage) and adequate sanitation facilities (diapering) encourage the risk of diarrheal and respiratory diseases in young children. Chronic diarrheal and respiratory infections are significant causes of death and illness among young children. These conditions can also contribute to developmental delays (e.g. hearing impairment, growth delay) that may become permanent disabilities (such as learning impairments).

The health problems of undocumented families are often compounded by their illegal status. In contrast to legal refugees who have a series of health screenings as a condition of entry, undocumented people often do not seek medical assistance out of fear of discovery and deportation; as a consequence, diseases brought from their home country, such as tuberculosis or intestinal parasites, often go undetected and untreated.

In addition, undocumented families living in overcrowded flats with little or no connection to health and social service agencies, suffer from poor nutrition, stress and constant exposure to contagious diseases with no sources of information or assistance. Many families have escaped war-torn countries where they witnessed or were directly involved in beatings, torture and death of family members; as new immigrants they must attempt to come to terms with these experiences at the same time that they are trying to adjust to a new language, food and culture. Mental health problems related to post-traumatic stress are common.

Homeless women are a diverse population, ranging from younger women who have been homeless for a short time, to older "bag ladies" who have been living on the streets for years. One common problem, however, is vulnerability to violence, sexual assault and theft. Since social services, shelters and food programs are often located in tough, central city neighborhoods, homeless women must survive in the most hostile urban settings.

Shelters pose additional risks from communicable diseases. Skin infestations (lice, fleas, scabies) can sometimes reach epidemic proportions. A study of seven women's shelters in Maryland showed an unusually high incidence of contagious diarrheal illnesses; in a shelter for homeless women in San Francisco, when one resident was discovered to have active tuberculosis, subsequent screening of residents showed that 17 out of 30 had positive skin tests. In the face of increased exposure to disease, homeless women are less likely than the general population to have periodic check-ups, including gynecological exams, pap smears and mammograms.

Homeless youth have a unique set of health problems. Histories of family physical or sexual abuse and the lack of income or social supports complicate the physical and emotional turbulence of adolescence. Suicidal ideation is common; for example, during one 3 month period at a clinic for homeless youth in San Francisco, half of the young people with medical problems also had histories of suicide attempts. Sexual activity, whether the natural expression of adolescence or the current means of economic survival, places homeless youth at high risk for sexually transmitted diseases, including chlamydia, gonorrhea, syphilis and HIV infection. Homeless youth are also particularly susceptible to alcohol and drug problems since varied drug use is an integral part of street culture.

Local Health Care Systems

Homeless people generally depend on the health care system for the poor. Most homeless families (with the notable exception of undocumented aliens), seniors and disabled people are eligible for Medi-Cal; single women and youth, however, are less likely to qualify. Those who qualify are theoretically entitled to health care from any provider, public or private, who accepts Medi-Cal.

There is, in addition, a county health care system administered through the Department of Public Health that is mandated by State law to serve all indigent residents, regardless of insurance status or the ability to pay. The county indigent health care

system includes San Francisco General Hospital, Laguna Honda Hospital (primarily a skilled nursing facility), mental health and substance abuse services, and five district health centers. These centers offer programs such as WIC (food supplement program for families), Maternal/Child Health, California Children's Services, Children's Dental Services, immunizations and screenings.

Beginning in December, 1985, the Department of Public Health's Medically Indigent Adult Program (on behalf of the Homeless Service Providers' Coalition), initiated a Health Care for the Homeless Program funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust. While the program is based primarily in adult shelters, it also supports a medical clinic at the Larkin Street Youth Center, a public health nurse who works at the three Department of Social Services hotels for homeless families, and a nurse practitioner who works one night per week at the Haight Family Shelter.

A recent grant awarded jointly through the federal Stewart B. McKinney Homeless Assistance Act to the San Francisco Community Clinic Consortium and the Health Care for the Homeless Program will support some expansion of existing services to homeless families, women and youth; it will also help to increase the capacity of the various neighborhood-based community clinics to serve homeless people in their respective communities.

Homeless families, women and youth can receive some health care services from the system described above. Families receiving Aid to Families with Dependent Children (AFDC) also receive Medi-Cal, which covers the cost of most of their health care needs. A self-report survey conducted by public health nurses among 55 residents of DSS hotels indicated that, for the most part, families were able to take care of their basic health care needs, particularly for the children. It is important to note, however, that self-report surveys, especially those done by service providers, are not the most accurate indicator of real health status and needs.

For single women who are not eligible for Medi-Cal, it is possible to get care through the county's indigent health care system; this includes a women's clinic at San Francisco General Hospital and two community-based women's clinics (Lyon-Martin and Women's Needs). Federal funding through the McKinney Homeless Assistance Act recently increased the capacity of these two neighborhood centers to serve homeless women.

Homeless youth can get health services from San Francisco General Hospital, the Larkin Street Youth Center Medical Clinic, and for those in jail, through the Youth Guidance Center Medical Clinic.

Problems in Access to Health Care

While the health care system for the poor provides many critical services to the homeless, there are significant gaps in the system. Some barriers are systemic:

- Lack of insurance or other financial resources can bar people from care from all but a new service provider.

Homeless women have particular difficulty receiving critical preventive health care. Virtually no private OB/GYN will accept Medi-Cal or indigent patients; this means that homeless women must rely almost exclusively on the county system for services related to reproductive health. Routine gynecological examinations, pap smears and mammograms are rare.

Homeless women with substance abuse problems face significant gaps in services. Although at least two shelters for battered women require 72 hours of sobriety prior to admission, there are no residential detoxification programs for women in San Francisco, and only one residential recovery program for women with children.

Homeless youth often fall between the cracks of the service system because they are neither adults or children. At San Francisco General, for example, services for youth are provided through an adolescent medicine fellow working in the periatrics clinic.

Similarly, mental health services are provided through a system organized along age groupings, with adolescents falling somewhere between adult services and children's services. Substance abuse services include no residential detox beds for youth.

The health care system for homeless youth, then, consists largely of the Larkin Street Youth Center Medical Clinic and facilities connected with the criminal justice system; there is little backup or coordination with the larger health service system.

Recommendations

1. Better access to perinatal care
2. Increased screening of children including nutritional assessment, lead and TB screening, immunizations, visual and auditory tests
3. Provision of routine screening for gynecological health including mammograms, pap smears, family planning and other reproductive health counseling
4. Greater access to substance abuse treatment programs for women and their families including more residential and detoxification programs
5. Improved sanitation and refrigeration, particularly for families in shelters and SRO's, to reduce infectious diseases among children
6. Better access to dental care
7. Development of programs for families with special needs such as HIV infection, chronic medical and mental health problems

- Transportation can be a major obstacle to reaching clinics or hospitals.
- Medical appointments can sometimes conflict with other vital services such as food or shelter.
- Clinical and clerical staff are often untrained and insensitive to working with the homeless and treat them with hostility and lack of respect.
- Many health programs are not equipped to respond to the complex set of problems experienced by homeless people, leading to a referral runaround.
- Many services are provided on a short term basis without adequate follow-up.

Often, difficulties in getting health care are rooted in homelessness:

- Homeless people often regard health problems as a low priority, or deny that they have a problem until it becomes severe or life threatening.
- Homeless people are often unfamiliar with the health care system.
- Homeless people are frequently self-conscious about their personal hygiene because they have no opportunity to shower or change clothes for weeks at a time.
- Homeless people may be reluctant to go to a health care provider because they do not want to relinquish what little control they have over their own lives
- Previous experiences have often made homeless people skeptical about health care providers and institutions in general.

Such fear and skepticism is heightened in families where loss of control often means the loss of their children. Thus, the fear of being penalized or labeled as unfit parents is a real concern among homeless families.

Furthermore, there are no programs specifically targeted at the pediatric population. Homeless children are not attending school and therefore miss the routine medical exams, immunizations, hearing and visual tests that other children receive. Infants, particularly, often do not receive necessary immunizations or screenings for developmental delays, malnutrition or lead poisoning unless their families participate in specialized food programs such as WIC. Finally, without perinatal programs among the homeless population, families will remain at increased risk for prematurity, maternal and infant mortality.

Undocumented families face the additional obstacles of language, culture and fear of detection. Outreach activities can often miss these families because they remain hidden from public view, living combined with other families in a small flats rather than staying in a shelter or other more visible program.

8. Development of an adolescent medicine clinic at San Francisco General hospital
9. Development of adolescent services within the community mental health system
10. Development of residential detox beds for youth with substance abuse problems

YOUTH

Background of Homeless Youth

Homeless youth (ages 12-17) come from all races, cultures and geographic locations and may be homeless on a short (episodic) or long term (chronic) basis. On any given night in this city, an estimated 1,000 - 2,000 youth have no place to stay. While a popular belief holds that youth voluntarily choose to make the streets their "new home" by acting out the newfound freedom of their adolescence, youth who do fall into this category are an extremely limited minority. The majority of homeless youth come from non-existent, woefully unstable or unsafe homes. Many of these youth have been subject to physical, sexual, and emotional abuse by their parents, relatives or foster families. Insensitivity to sexual identity and behavior, for example, being gay, has also been cited by some youth as the reason for leaving home or foster placements.

Homelessness, rather than solving the problem, usually leads youth to further victimization by adults. The severity and types of exploitation faced by youth are varied, ranging from unemployment or dead-end jobs to more desperate attempts to survive through prostitution or sale of drugs.

The hardship of street life is also reflected in the high rate of psychological problems among homeless youth; those with previous mental health conditions are put in further risk and under great stress in a homeless environment. General depression, suicide attempts, and suicidal ideation are commonplace.

Long term, chronically homeless young people tend to be from 16 to 21 years old, have a history of failed placement, and have multiple problems that require a blend of social service responses. They may, for example, have substance abuse problems, lack sufficient education, have no marketable skills, and be unemployable.

Programs Available

For homeless youth under 18, there are very few programs: currently, fewer than 40 beds, one daytime drop-in center, and one independent living/vocational program are available. These programs are hampered by lack of funds to provide needed services and inadequate mechanisms for using existing services.

Since social service agencies are generally geared toward serving younger children, adolescents are often dropped from the service system because no systematic help can be found. For young adults between the ages of 18 and 21, there are no comprehensive programs at all.

When confronted with the harsh realities of homelessness, many youth develop "street families" as a substitute for membership in a traditional family structure. Quickly forming into a tightknit band of friends, these street families shuffle between hotel rooms and "squats" in vacant buildings, to sleeping in abandoned cars or in city parks. Due to the lack of appropriate service for young adults, minors often link up with the young adults to acquire hotel rooms illegally through the Hotel Hotline.

The Homeless Youth Network, a coalition of four nonprofit services for youth, exists to coordinate the efforts of these services, overseeing the federally-funded San Francisco High Risk Youth Project. This project facilitates inter-agency coordination and assesses and advocates for clients. Its grant runs until the fall of 1989 and is not likely to receive renewal funds.

"System Failure Youth"

Many youth seen by the Homeless Youth Network agencies are chronically homeless and have had multiple, unsatisfying contacts with child welfare and juvenile justice systems. They may also have had prior placement in foster care, group homes or other settings which have failed to meet their needs.

These youth eventually become known as "system failure youth." They often "fall through the cracks" of an overburdened and underfunded service system and run the risk of becoming chronically homeless. Not surprisingly, such youth lose their trust of helping professionals and the entire social service system.

Short-term homeless youth tend to be young, first-time runaways who have had limited exposure to social service systems; there are often placement options for these youth, either in San Francisco or in their home county. Their period of stay is generally less than 60 days. Among this group, however, there are individuals who do not have the option of returning home and have no services available in the county of origin, but who have not yet experienced the multiple placement failures of long-term homeless youth. These kids are likely to become chronically homeless unless they receive swift, appropriate and thoughtful intervention at an early stage in their homeless experience.

Recommendations

1. Improve coordination of services and programmatic responsibilities by establishing a small working group made up of public and private nonprofit personnel. This group should meet at the earliest possible opportunity, and focus on improving present service delivery and identifying service gaps.
2. Immediately implement the Attorney General's opinion authorizing local jurisdictions to take responsibility for services to homeless youth regardless of county of origin.

3. Create scatter-site, intensive residential programs for long-term stabilization and treatment of chronically homeless youth.
4. Implement policy changes at the Department of Social Services and offer training of staff to encourage provision of services to adolescents, especially homeless adolescents and sexual minority youth.
5. Develop day treatment mental health programs for homeless adolescents.
6. Establish a residential respite facility for homeless youth with health related problems.
7. Establish a residential substance abuse treatment program for homeless youth.
8. Develop a comprehensive program to address the issue of AIDS in high risk youth. This program should include: prevention and intervention strategies for all homeless youth, support groups for youth at extreme risk of contracting AIDS or who are HIV positive, and case managed residential care for youth with AIDS or ARC.
9. Provide funds for paid training and subsidized living expenses for homeless youth participating in job counseling or vocational training programs.
10. Develop a residential program for homeless Latino youth.
11. Develop a comprehensive residential shelter program targeting 18 - 21 year old youth.

SUPPORT SERVICES

Needs for Support Services

Support services for homeless women give them help with basic needs, such as for employment and public benefits, housing, child care, money management, and obtaining some sort of identification.

Many women have special needs. Among those with special needs are people with mental health problems; battered women; those who are detoxing and waiting for or coming out of treatment programs for drug and alcohol abuse; prison releasees and those with histories of criminal conviction and punishment; and those who are medically ill, but not incompetent by law and not eligible for skilled nursing care facilities. Different kinds of support services address these needs.

The unstable lifestyle of living on the streets or sporadically in hotels, shelters, and cars can have a profound effect on some people. This effect may not be permanent, but supportive services are certainly an important factor in an exit from the cycle of homelessness.

A limited number of support services poses a serious problem: housing alone often will not be sufficient to allow homeless people to live independently.

Services Available

Generally, shelters are able to provide minimal supportive services. These services begin to accommodate the basic needs mentioned above--women with special needs, on the other hand, are generally left with all other shelter residents, to the advantage of neither group.

To meet basic needs, the Department of Social Services has assigned two social workers to the family hotels. The social workers in the homeless family hotels provide an array of support services including individualized assistance and referrals, such as Child Protective Service referrals, for resident families. DSS also now provides weekly workshops in areas identified as important by the families living in the hotels. Topics include: how to prepare nutritionally-balanced meals in the hotel (i.e. without kitchen facilities), job development for women, AIDS/ARC information, information on children's medical needs and diseases, etc.

The situation for women with special needs is more dire. In 1986, Community Mental Health Services estimated that 46% of people using crisis clinics are homeless or have unstable housing situations. According to the San Francisco Mental Health Association, many individuals are being held in acute care at local hospitals, at an average cost to the city of \$357/day, simply because step-down housing is not available.

For homeless women with substance abuse problems, the majority of those served by special housing programs have access only to the 3-5 day detoxification programs rather than to primary care services, which provide 28-30 days of residential care, or recovery programs, which last from 6 months to a year. Community Substance Abuse Services reports that of the 968 women served last year, only 265 were able to receive services beyond detox. Of their total clientele, however, 74% have no homes, and 94.3% are unemployed.

Many organizations are prepared to help these people but lack the funding to initiate their programs. The Department of Public Health finds that all of the city's substance abuse programs for indigent people, both those funded by the city and those funded privately, meet less than half of the need for services.

Programs Needed

For support services addressing the basic needs of homeless women, youth and children, what is missing first and foremost is an adequate number of referral sources. Existing programs are usually oversubscribed, filling needs of the general population as well as for homeless people. At present it is difficult to find much more than emergency beds for homeless people.

No social workers are assigned to the large hotline hotel system for single adults, for example. Social workers and case managers who do reach homeless people in turn must work with limited housing, employment and support service resources for their clients.

What shelters are able to provide, in most cases, is information and referrals after a basic screening. Even with this limited service, however, shelters in San Francisco must face two large problems:

- 1) In most cases few outside resources exist to address these needs.
- 2) Existing outside resources often cannot help dual diagnostics, people who have combinations of special needs such as mental health and substance abuse problems.

Furthermore, the particular safety considerations of all homeless women often preclude them from using shelters or services in which they must mix with men. The Ozanam Center, for example, administers to people with alcohol problems, but reports only a small number of female clients.

Our recommendations for support services include the provision of more extensive services for women with basic support needs as well as for women with special support needs, and better communication between agencies at work now.

Recommendations

1. Develop transitional housing programs which would provide housing with accessible basic needs support services such as case management, peer counseling, and employment and money management counseling. Models for this type of program include the Transitional Housing Program sponsored by the Center for Battered Women and the Austin Apartment Association in Texas; the Weingart Center in Los Angeles; and the new Transitional Housing Program of Swords to Plowshares here in San Francisco.
2. Develop transitional housing programs which would address special needs, such as for mental health or substance abuse services. Expand on the models of such programs as the ones at Conard House and the Arlington Hotel here in San Francisco.
3. Develop centralized intake facilities at which social workers are trained and authorized to expedite a variety of entitlements to homeless people.
4. Improve communications between existing support services. Agencies at present have experienced difficulty in keeping up-to-date about available resources.
5. Expand existing programs offering support services and train line staff to address particular concerns of homeless people.
6. Continue the weekly workshops for homeless families conducted by a DSS social worker in each of the family hotels. This information brings skills training, information and socialization to the families and should be continued and expanded.
7. Develop permanent board and care facilities which are community-based and humanely operated, such as the one at Chateau Agape here in San Francisco.

Appendix One:

Interview Questions

(To be used as a guideline for the interview. The questions need not be asked as written, or in this order.)

Can you talk a bit about what you have been experiencing since you have been homeless? How is it affecting your children?

What are some of your biggest personal concerns and fears as a homeless woman/girl and/or mother?

How have you been meeting your survival needs, in terms of a place to sleep, food, clothing, a place to clean up, health care...?

What else do you need to adequately fill your basic needs?

What do you need to ensure your welfare and the welfare of your family over the long term?

Can you tell me a bit about your experience in dealing with different agencies and services?

Which ones have been helpful and how? Which ones have not been helpful and in what ways? How have you been treated?

(NOTE: Try to have the interviewee address systemic problems rather than focusing on the specifics of a single agency.)

How do you feel people who are not homeless react to you as a homeless person? How do you feel about their reactions?

What do you want in your future? What do you fear might stand in your way of achieving or maintaining this over time?

(NOTE: If the causes of homelessness do not come out in the interview, ask the person at the end of the interview if she would be willing to tell you how she became homeless.

Appendix Two:

Analysis of Providers Survey

Early in December of 1987 the Task Force mailed a short questionnaire to all known homeless service providers in San Francisco. A total of 102 questionnaires were sent and 37 were returned.

Since the majority of questions were open ended, statistical analysis is not appropriate, but we will summarize the priorities and issues which were systematically reported. It is important to note that we cannot draw sweeping conclusions from these results since all service providers are not represented.

Among shelter providers, those reporting stated that they turn away approximate 150 people each month; responses were not broken down by age or gender. Small shelter organizations reported that 50 - 90% of their people eventually stabilized into permanent, long term housing, but this percentage represents a very small proportion of the total homeless population.

The majority of service locations were willing to provide on-site support services and listed lack of money for additional staff as the major obstacle to such expansion; the second obstacle was lack of space, which could have been resolved by money for remodeling in about half the cases, but in the other half there was no further room for physical expansion. Additionally, the idea of multi-service locations was frequently mentioned as the most cost effective way of providing services to homeless individuals and families.

Although organizations repeatedly cited one another as sources of referral and assistance, many providers notes that better coordination between providers was needed and that linkage to the social service system was cumbersome and in need of streamlining. Childcare, job training, and educational liaison with the school system were areas in which providers felt more resources needed to be immediately channeled. Only three providers reported any communication with the school system, and each of these examples was superficial and short lived.

While the homeless populations are concentrated in the Tenderloin, South of Market, Bayview/Hunters Point, and Embarcadero districts of the city, providers reported that individuals and families originally came from all parts of the City. Interestingly, migrants from other locations outside of San Francisco County were not ranked as heavy contributors to the homeless population; this could be due to people's reluctance to report former residence in another county for fear of relocation or severance of funds.

PROVIDER'S SURVEY FOR HOMELESS
WOMEN AND CHILDREN

Organization: _____
Address: _____
Phone: _____
Contact person: _____

1) Please list the services your organization offers homeless women and/or children:

<u>Service</u>	<u>Number Served</u>	<u>Capacity</u>
[] Emergency Shelter	_____	_____
[] Transitional Housing	_____	_____
[] Clothing	_____	_____
[] Food	_____	_____
[] Take-out Food	_____	_____
[] Health Care	_____	_____
[] Childcare	_____	_____
[] Education	_____	_____
[] Information/Referral	_____	_____
[] Job/Skill Training	_____	_____
[] Job Placement	_____	_____
[] _____	_____	_____
(Other, specify)		

Figures are [] per week
[] per month

2) A. If you have a waiting list to receive your services, how long is it? _____

B. How many people are turned away from your program for lack of facilities or resources? _____ per [] week [] month.

3) What agencies are most useful to you in terms of information and referral? _____

4) What percent of your clients would you estimate stabilize in long term housing? _____

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HOMELESS WOMEN AT EPISCOPAL SANCTUARY (3)

it did not seem to be a concern for this shelter)

- * Pets in this shelter are a health hazard and they should not be allowed (Here there was also concern that the shelter permits pets but not not children and this was seen as unfair to women)

CHILDREN AND YOUTH

- * A mother should not have to leave her children behind to get shelter either because the welfare takes the child away because the mother hasn't adequate housing or the shelter doesn't permit children (In this group of 40 women, there were 3 women who said that they have children who would be with them if the shelter permitted children: this was the only item for which all the women were asked to respond directly by raising their hand if the item applied to them.)
- * The National Guard Armories should be open to families with children for shelter
- * If a woman has a decent home, she will take care of her child
- * We need a licensed home for children for women (parents) who are looking for work
- * Shelters should permit children with their mother
- * We should have a child care facility using homeless women in paid child care positions
- * We need night-time day care for homeless mothers who are working
- * It is cruel to take children away from women who have to be in a shelter and to have to go to court to get the children back
- * Children belong with their parents
- * Children should have the right to a bed
- * Surplus government buildings could be used for child care centers

OTHER

Legal help was mentioned as a need and one woman left a handwritten note stating that she (also) needed legal help for a criminal case.

SUMMARY

The forty women participating in the task force discussion forum at the shelter were responding to the basic question: In the area of HOUSING, (JOBS, HEALTH CARE, CHILDREN/YOUTH) what do you need? All responses were voluntary; for recording purposes, the responses were paraphrased if the women's responses were lengthy. The recorder attempted to record all responses even if they repeated previous ideas. In an open group interview, such as this one, it was expected that the women would tend to listen to each other and try to offer a different idea, and for the most part, this happened. There were, however, certain themes that were especially troublesome for the women and these seemed to be emphasized by repeat responses. The themes of privacy, security; the importance of the child being with his parent came across to the interviewers loud and clear.

How Surveys/Interviews With Homeless Women
and Children Will Be Conducted

1) The following should be explained to the individual before the interview begins:

- Your involvement with the Homeless Women and Children Task Force.
- The purpose of the Task Force in Conducting these interviews (see Purpose Statement).
- That their input is very important and will contribute to making policy and program changes in the way San Francisco attempts to serve homeless people.
- That the entire interview will be kept completely confidential.
- That they do not need to share anything they don't feel comfortable sharing.

2) All Task Force members conducting interviews should be prepared to offer referrals for housing, food, clothing, etc., in the event they are asked. We believe that there should be some degree of reciprocity in any interview situation. Each Task Force member will be provided with a referral sheet. We should be clear that our purpose is not to attempt to provide advocacy or case management services to the interviewees, but rather to gather their input into the research process. The referral information need only be offered if asked for, or if it seems appropriate to offer.

3) The Task Force will make every effort to reach a cross-section of the City's homeless female and child populations. This will include women and children from different areas of the city, of different cultures and races, and of all ages, new arrivals to the city (documented and undocumented) and long time residents, women with children and without, etc..

4) Every Task Force member should conduct 1-3 interviews. If anyone feels uncomfortable about their ability to conduct these interviews, they should feel free to pair up with someone else -- but (Beware!) each individual will still be responsible for 1-3 interviews.

5) Ideally, the interviews should be taped and transcribed, so that they can be most easily shared with other Task Force members, and the exact words of the interviewees will not be lost.

5) Would your agency be willing to provide on-site support services at shelter locations? What resources would you need to do this? _____

6) What coordination does your organization have with the San Francisco Unified School District? _____

7) From which areas of the City do your clients primarily come? _____

8) What are the major obstacles to providing optimal services that your agency faces? _____

9) List and rank your funding sources in percent of income. _____

10) Enclosed is a list of the organizations to which this survey is being sent. Please take a moment to look over this list and note below any organizations that serve homeless women and/or children we might have overlooked. _____

11) If you had unlimited resources to start a new program for homeless women and/or children or fund an existing one, how would you spend that money? _____

NOTES FROM DISCUSSION WITH HOMELESS WOMEN AT EPISCOPAL SANCTUARY FOR TASK
FORCE ON HOMELESS WOMEN AND CHILDREN

This discussion was conducted by Elizabeth R. Anello and Barbara Arms on behalf of the Task Force on Homeless Women and Children of the Board of Supervisors of the City and County of San Francisco on Tuesday, April 14, 1988 at the Episcopal Sanctuary Shelter at 174 8th Street, San Francisco, CA 94103.

About forty women participated in the one-hour discussion from 7:30 P.M. to 8:30 P.M. Episcopal Sanctuary staff assisted the interviewers by preparing and displaying a sign announcing the meeting several days in advance and by announcing to the women just prior to the meeting that it would take place in the T.V. room.

Generally the women were very receptive to our inquiry, open and generous and their responses and explicit and generous in their appreciation of our interest in their plight. They expressed interest in the work and the outcomes of the Task Force

The two interviewers alternated leading the discussion and recording. The topics of interest were presented as Housing, Employment, Health, Children, including Youth and the women were asked to offer their ideas about what they need in these areas.

HOUSING

- * Assistance in finding permanent housing
- * It's hard to find employment without a proper address; employers don't want to hear that you live in a shelter
- * We need privacy
- * It's hard to get out of the mess you're in without real housing
- * We need security
- * We feel like a child the way welfare treats us
- * Shelter doesn't provide privacy
- * Shelter provides security from the rain, but not a lot more; it's more secure than a hotel room
- * In the shelter, if you are "bad" and stay out late, you have lost your security, lost your bed, so you have no security even in the shelter because they won't keep your bed for you if you don't call in and you don't have the 25¢ for a phone call every time.
- * The shelter is like a place for children: a curfew, once you come in you can't go back out again
- * There is no storage here for your belongings: the lockers are too small to be useful
- * We have to leave the shelter at 8:00 A.M. and we can't come back in till 10:00 A.M. and the staff throws out belongings if they are left here
- * The men on the street know that we leave at 8:00 A.M. and they wait for us and prey on us; we have no security when we leave the shelter for the day
- * We need help with the first and last month's rent to get into private housing
- * It's hard to find low-cost housing in San Francisco
- * We don't have enough bathing facilities in the shelter
- * There are only four commodes for sixty women
- * If you are working, your work hours don't fit in with shelter rules, especially if your work hours are at night

- * We need help to have shared housing arrangements; that might be the only way we can afford housing in San Francisco
- * We need a special shelter or facility for gay and lesbian women; we are not always comfortable with heterosexual women
- * We need family shelter for the women with children and families
- * The mentally ill women and the handicapped women need to have special facilities; they should not have to mixed in with "normal" women
- * Ladies in penitentiaries have more rights than women in the street.

NOTE: We have included here all responses we recorded during the hour without regard for repetition, although for purposes of reporting the responses, a few have been placed out of the order they were presented in order to place them in the correct category. For example, several responses related to children or to employment were offered during the HOUSING discussion; these have been reported here under the proper category.

EMPLOYMENT

- * We need special job training and employment counseling
- * We need (more) volunteers to come into the shelter to help with our problems, like jobs (There is a good job counselor here; we need more)
- * We need a contact place for employers that the employer doesn't think is a shelter and will take messages for us
- * We need proper clothing for looking for jobs , better bathing facilities
- * It's hard to get employment with a lack of current references
- * If women are to be employed, rules at the shelter would have to change to allow us to be out of the shelter later or in during the day
- * We want jobs like secretarial, waitressing, live-in nursing, housekeeping
- * WE have worked before, but we need retraining

HEALTH CARE

- * Dental care
- * Foot care
- * Medi-Cal, MEdi-CARE
- * AIDS education
- * Routine pap smears, GYN check ups upon entering the shelter (there was general agreement with this idea, but that it should be voluntary, not required)
- * General health care
- * A mental health counselor who would do individual counseling once a week or even more than once a week at the shelter: one respondent raved about a mental health therapist from South of Market Mental Health Center who came in to see her for a hour session twice a week; she was very grateful for this kind of help
- * Hair clips
- * Good physical checkups
- * Glaucoma screening; eye care
- * The disabled (SSI) need special attention
- * The mentally ill should not be sheltered in with the rest of the homeless women: they need special facilities for their special needs
- * At Central Emergency they should keep the place cleaner: there are empty dope bags, blood, spit, garbage all over the walls of the place
- * We need public bathrooms all over the city
- * It is unhealthy to sleep people on mats on the floor and this should not be allowed (There was some concern for this practice at other shelters, but

Policy Statement--Why the Task Force is Surveying
Homeless Women and Children

It is the belief of the Homeless Women and Children Task Force that no discussion or assessment of the needs of homeless women and children can be complete without the input and involvement of homeless individuals themselves. Homeless people should be involved in defining their own needs and in contributing to their solution.

As part of the research of this Task Force, each member will participate in 1-3 interviews/surveys with a homeless woman and/or child. It is our hope that, by gathering and incorporating the input of these women and children into the body of our report, we will be providing a voice for their too often unheard needs, and allowing them to articulate and define their own experience. By gathering their input we will be educating ourselves as well as those who will read and implement this report.

As we gather our information and formulate policy and program recommendations to be presented to the Board of Supervisors, this Task Force is functioning with the understanding that solutions to homelessness must address the underlying causes of homelessness, and that the barriers which hinder or prevent an individual's transition to housed stability must be done away with. The input of homeless women and children in identifying these causes and barriers is critical.

Homeless Women and Children Task Force

Meeting at the City Center Hotel, April 3, 1988

Facilitated by Pat Cosmos and Midge Wilson for the Task Force.

Seven families were represented at the meeting (and various other families came through for a part of the meeting). These families are currently living in one of the two DSS homeless family hotels. The hotel is a SRO with individual bathroom facilities for each room (plus there can be two to four children in a room). There are no cooking facilities in the hotel.

The following topics were presented as discussion topics to the families. They were asked for the assessment of the areas, and were asked for their recommended "solutions" in these areas.

Problems with Temporary Housing:

Many families talked about their dissatisfaction with the homeless family hotel in which they were living. There's no cooking or refrigeration. They also said that the pest control was not adequate - that there were roaches and mice throughout the whole building. It's too much money for what they get in their housing (\$300 for a family of 3 or more). Many parents said that they have no way of socializing or have any time to themselves, and there is not a place for their kids to get together (no community room).

The families also feel that they have no rights in this situation and that their kids have no rights. They feel they are intimidated and singled out if they happen to mention problems they might be having in the hotel to their DSS hotel worker. They feel they are harrassed and threatened with eviction if they complain about any of the conditions.

Solutions for Housing:

The families feel strongly that a community kitchen is needed in all the DSS family hotels and that a community room should be available to the families. Also, pest control needs to be done more effectively. They said they would help with pest control in their own rooms if supplies were made available - but they are not. (ie. steel wool, caulking, roach bait traps and glue traps...)

Re. Long-term Housing - Families said that old apartments could be renovated - and turned into apartment/shelters. They used TNDC's Aarti Cooperative as an example of what could be done with old hotel or apartment buildings. The families said they would be willing to living in this type of cooperative situation if it were available. They suggested that the pay rate should be 30% of their income to make room payments more equitable.

The families said that more low-cost housing was needed and that of what was currently available, HUD housing was better and had better units than Housing Authority.

They felt that both Rafael House and Haight Ashbury Family Shelter were very strict, but that their support services (esp. at Rafael House) were very good.

Problems with Food:

The families said that finding ways to get their children nutritious meals was very difficult. They are not able to buy cooked food with food stamps, and they have no way of storing food they might buy in bulk. Even the EOC boxes contain some food that needs to be cooked (but the families are very appreciative that EOC has been delivering the boxes directly to the hotel). The eating schedules of the children is difficult because people using the food lines (esp at the end of the month) say that they can only eat when the food lines are open (not when the children are hungry).

Solutions for Food Problems:

The hotels need community kitchens and access to refrigeration. For the food stamps to stretch for the month, they would need to buy in bulk - and that isn't possible because of pest problems and no storage or refrigeration.

Problems with Child Care:

The families don't feel they knew where they could find out about accessible and subsidized child care. A few knew about the childcare switchboard. They talked at length about needing respite care as well as subsidized day care. They realized that it's a city-wide problem, but in their situation, they need outreach for information about resources.

They also don't have needed equipment and furniture for the children, such as strollers. For example, when the children need to go to the doctor, they have to carry them the whole way because they don't have strollers.

Solutions for Child Care:

More subsidized child care is needed. They also feel that they need respite care! Parents also said child care would enable them to have the opportunity to pursue their own education and job training.

Problems with Education:

The parents felt that a lot of red tape surrounded the school system. They felt that the children often didn't get the proper sleep in the hotels, and they have poor nutrition which often leads to health problems. This, in turn, leads to the children's staying out of school. Also, if the children miss the bus to school, they have no bus fare to get to school on their own. Trying to get children into special education programs is extremely difficult and frustrating.

Solutions with Education:

The parents feel there needs to be more coordination with the school district on the problems that are particular to the homeless children. Parent also need easier access to special education programs.

Problems with Health Care:

The families said that health care is covered pretty well in SF - there's 50 Ivy and St. Anthony Free Clinic, but families say that generally they do not have preventive health care, but take advantage of the clinics when there are problems.

The housing situation in the hotels, the families feel, lead to chronic health problems for the children. The trash builds up on every floor, and the kids have to be around that. During rainy times, the roof leaks, and when the fire system goes off because of even minor fires, the common areas are sprayed and the rugs take a very long time to dry. In the meantime, the carpets stay damp, and the children get sick more often.

Solutions for Health Care:

Hotels should provide covered containers for all families so that their trash does not attract roaches and mice. The families feel they need more health information in all areas, and more attention to preventive medicine.

Something needs to be done to dry the building more quickly after fire spraying and the roof's leaking.

Problems with Employment and Job Training:

Parents want to find employment or job-training programs, but say they lose out financially by accepting "dead-end" jobs which pay less than they're eligible to make on AFDC. The parents must make \$8.50 to \$9.00 an hour to come out even. (Minimum wage is now \$4.25, and that is what most of the parents are offered for positions they are seeking.) They said it's hard to find training, and some programs are age-restricted so they are not eligible.

Also, families lose emergency housing if the parents get jobs and are discontinued from AFDC. (The transition period is too short for families to get on their feet.)

Solutions for Employment/Job-Training:

Need more jobs and training programs that the parents can access. AFDC regulations need to be modified to make the transition to jobs more effective for the families.

Problems with Youth:

There's lack of recreation for all children, including teens. The kids can't play in the buildings, and there's no common room. Outside there's no safe place to play, so the kids bounce the balls up against the buildings, then have to run into traffic to get them.

Youth are exposed to drugs both inside and outside the building. Youth are in the same room as parents.

Solutions for Youth Problems:

Escort services are needed to get the children to neighborhood recreational programs. More active sports should be made available - ie. teams for softball, basketball, and individual sports. Also the parents would like to see their children able to go on field trips.

Survey Areas

Haight

Haight Street
Golden Gate Park
Panhandle

Haight Ashbury Family Shelter (LANETTE, ELAINE)
Haight Ashbury Food Program

Fisherman's Warf

Aquatic Park
Giradelli Square

Chinatown

Grant & California Street area
Old St. Mary's Church

Civic Center

Van Ness Street (BARBARA & DOROTHY M.)
U.N. Plaza

North Beach

Washington Square Park

Marina

Chestnut & Filmore Street ("Hunt's" all night cafe)

Western Addition

Turk Street
Golden Gate & Webster

Fellowship Manor (food, mostly men)
St. Dominic's Parish (Bush & Steiner, 2:30 sandwiches)
Diamond Street Youth Center
Talk-Line Respite Care Program

Urving Street (?)

Mission

16th Street
Heaven's Gate / Lifeline Mission
Catholic Charities (GEORGETTE)
Apollo Hotel on Valencia (PAT)
St. Vincent de Paul House (BETTE)

Bay View Hunter's Point

3rd & Paloo Street
Bay View Hunter's Point Foundation (MIMI)

(Contacts: Officer Terry Ivy 553-1960; Kathy Toma, 822-3491, @
Young Community Developers -- referred by Gary Beiringer @ SF
Educational Services)

Tenderloin

Polk Street
Larkin Street

Civic Center Hotel (PAT)
Raphael House (KATIE)
Bay Area Women's Resource Center (MIDGE)
Income Rights Project (B.G.)
Larkin Street Youth Center (JED & JOE)
St. Anthony's (Bethesda Project & Dinning Room)
Tenderloin Self-Help Center
United Coalition of the Homeless, 24 hour Shelter (1052 Mrkt)
(AMANDA)

South of Market

6th Street

San Francisco Gospel Mission (food) (BARBARA & DOROTHY M.)
Episcopal Sanctuary (REV. NERN, SANDY WEINER)

Castro

Castro Street

Misc

Rosalie House (BARBARA A.)
Teen Age Parenting & Pregnancy Project (Amy Loomis for
referrals to pregnant teens, 648-8810)

HOMELESS WOMEN AND CHILDREN TASK FORCE
of the
San Francisco Board of Supervisors

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